

# Training Program Administration Manual (TPAM)

This manual is produced and distributed by the Office of EMS through consultation with the State EMS Advisory Board and its various committees. Revisions and updates of these policies are made when a program or process addressed by this manual is changed, deleted or added to adapt to Office of EMS requirements or due to revisions of referenced state EMS regulations or the Code of Virginia.





# Sample Policy

Policy Number: <b>T- XXX</b> <i>Unique policy number</i>	Page: <b>1</b>	of: <b>1</b> <b>1 of 2, 1 of 3, etc.</b>
Title: <b>Policy Title</b> <i>Title of this policy usually self-explanatory</i>		
Regulatory Authority: <b>12 VAC 5-31-XXXX</b> <i>Applicable Regulation authorizing this policy</i>		
Date of Issue <sup>1</sup> : <b>December 1, 2002</b>	Effective Date <sup>2</sup> : <b>January 01, 2005</b>	

<sup>1</sup> Date this policy was created by the Office of EMS.

<sup>2</sup> Date this policy will become effective and supersede a previous policy of the same number (if any). Usually only applies to training programs which START after this date unless specified otherwise when distributed.

**POLICY TEXT:** Text of this policy which explains the process and procedures followed by the Office of Emergency Medical Services to administer and enforce the referenced state regulation. May be a listing of training programs, courses or other items which are recognized by the Office of Emergency Medical Services to fulfill a referenced regulation.

Note: Policy numbers (T – XXX) are generally numbers by fives to allow for insertion of additional policies between existing pages if necessary to keep similar policies grouped together. Policy numbers are grouped within each section of the manual with unused numbers left available for additional without the need to renumber other sections.



# Release Notes

## ***December 2002***

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## ***March 2005***

This is the first major revision of the Training Program Administration Manual in well over two years. The following is an overview of the changes made during this revision cycle. The manual's changes include:

1. an update from a paper-based format to an electronic, web-based format;
2. clarification of some of the most frequently questioned policies;
3. the addition of new policies for the ALS Training Funds program as well as policies for Intermediate Training Site Accreditation;
4. a major revamping of the Table of Contents and manual's general navigation;
5. the renumbering of several existing policies in order to ensure adequate space for future policies.

The following chart shows the policies which were renumbered and cross-references the new policy number.

<b>Old Policy #</b>	<b>Title</b>	<b>New Policy #</b>
T-200	EMS Procedure and Medication Schedule	T-200
T-205	Candidate Requirements for Full State Certification Testing	T-202
T-210	Required Evidence of Eligibility for Full Testing	T-204

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T-215	Candidate Requirements for State Recertification	T-206
T-220	Recertification Examination Requirement	T-208
T-225	Basic and Advanced Life Support Written Examinations	T-210
T-230	Basic and Advanced Life Support Practical Examinations	T-212
T-235	General Examination Retest Policy Guidelines	T-214
T-240	Candidate Evidence of Eligibility for Retesting	T-216
T-245	Candidate Evidence of Eligibility for Recertification Testing	T-218
T-250	Examination Security and Review	T-220
T-255	Certificates of Completion	T-222
T-260	Certification Expiration Dates	T-224
T-265	Privilege of Certification and Field Practice Authority	T-226
T-270	Non-EMS Agency Practice	T-228
T-275	Falsifying Information	T-230
T-280	Certification Periods	T-232
T-285	Formal Reciprocity Certification	T-234
T-290	Legal Recognition Certification	T-236
T-295	Equivalency Challenge Certification	T-238
T-300	Provider Certification Reentry Program	T-240
T-305	Voluntary Inactivation of Certification	T-242
T-310	Reinstatement of Inactive Certification	T-244

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### ***July 2005***

This was an incremental change to the Training Program Administration Manual. The following is an overview of the changes made during this revision cycle. The manual's changes include:

1. an update of the ALS Training Funds policies to reflect the new

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requirements/changes for the new fiscal year. The policies that changed are: 305, 310, 315, 320, 325, 330, 335, 340, 345, and 350.

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### ***July 2008***

This was an incremental change to the Training Program Administration Manual. The following is an overview of the changes made during this revision cycle. The manual's changes include:

1. Updates were made to the following policies in Section 1 of the manual to reflect current Office practice. The policies that changed are: 005, 010, 035, 045, 055, 065, 070, 075, 110, 120, 125, 130, 135, and 140.
2. Updates were made to the following policies in Section 2 of the manual to reflect current Office practice. The policies that changed are: 202, 204, 210, 212, 216, 218, and 240.
3. Updates were made to the old ALS Training Funds policies to reflect changes to the requirements for the new fiscal year as well as to the overall scope of the funding program. The policies that changed are: 305, 310, 320, 325, 330, 335, 340, 345, and 350.
4. Updates were made to the following policies in Section 5 of the manual to reflect current Office practice. The policies that changed are: 505, 550, and 565.
5. Updates were made to the following policies in Section 6 of the manual to reflect current Office practice. The policies that changed are: 620 and 660.
6. Updates were made to the following policies in Section 7 of the manual to reflect current Office practice. The policies that changed are: 705 and 710.

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### ***June 2009***

This was an incremental change to the Training Program Administration Manual. The following is an overview of the changes made during this revision cycle. The manual's changes include:

1. Updates were made to the following policies in Section 2 of the manual to reflect current Office practice. The policies that changed are: 222 and 244.

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2. Section 8 was added to the TPAM. The new policies in this section were enacted to reflect current Office processes and procedures dealing with online, web-based and 3<sup>rd</sup> Party continuing education (CE).

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### ***September 2010***

This was an incremental change to the Training Program Administration Manual. The following is an overview of the changes made during this revision cycle. The manual's changes include:

1. Section 3 – EMS Training Funds Program policies were replaced with a copy of the current EMS Training Funds Program Administrative Guidelines in an effort to reduce duplication.

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### ***July 2012***

This was a major update to the Training Program Administration Manual in preparation for the transition to National Registry testing. The following is an overview of the changes made during this revision cycle. The manual's changes include:

1. Section 1 – The following policies were modified: T-010, T-025 through T-045, T-055 through T-090, T-110 and T-115. Removed policies T-120 through T-145 which were repealed in 2008. Moved policies T-150 through T-180 to a new Section 9 dealing with EMS program accreditation.
2. Section 2 – Updated testing policies to reflect the transition to the National Registry testing process.
3. Section 5 – All policies in this section were updated. Add new policy T-570.
4. Section 6 – All policies in this section were updated.
5. Section 7 – All policies in this section were updated.
6. Section 8 – Policies 805, 815 AND 845 were updated.
7. Section 9 – This section was create to house EMS accreditation policies.

## COURSE COORDINATION AND GENERAL TRAINING PROGRAMS

Policy #	Title	Last Revision Date
T-005	Course Coordinator Requirements	7/01/2012
T-010	State and Nationally Recognized Continuing Education Programs	7/01/2012
T-015	Course Coordinator Responsibilities as Employee or Contractor	1/01/2003
T-020	Course Approval Request Submission	1/01/2003
T-025	Course Approval Request Changes	7/01/2012
T-030	Student Course Enrollment	7/01/2012
T-035	Approved Courses in Cardiopulmonary Resuscitation (CPR)	7/01/2012
T-040	Instructor Participation Records	7/01/2012
T-045	Student and Course Records for Certification Courses	7/01/2012
T-050	Continuing Education Record Submission	1/01/2005
T-055	Verification of Student Course Completion	7/01/2012
T-060	Physician Course Director (PCD)	7/01/2012
T-065	Course Site Selection	7/01/2012
T-070	Alternative Course Presentation Format	7/01/2012
T-075	Approved Online Course Presentations	7/01/2012
T-080	Course Scheduling	7/01/2012
T-085	Maximum BLS or ALS Course Enrollment	7/01/2012
T-090	Instructors/Adjunct Faculty	7/01/2012
T-095	Course Monitoring	1/01/2003
T-100	EMS Educational Program Content	7/01/2012
T-105	Teaching Materials/Approved Texts	1/01/2003
T-110	Course Coordinator Responsibilities for Initial Student	7/01/2012

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	Testing	
T-115	Scheduling and Coordination of Virginia Consolidated Test Sites	7/01/2012



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T- 005</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Course Coordinator Requirements</b>		
Regulatory Authority: <b>12VAC5-31-1310 and 12VAC5-31-1320 and</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Course Coordinator** - Every basic or advanced life support training program leading to the awarding of certification or continuing education (CE) credit from the Office must have a designated Course Coordinator.
1. A certified EMT-Instructor must serve as the Course Coordinator for all BLS training courses and continuing education programs that award **Required** (Category 1) continuing education credits.
    - a) In order to announce/coordinate initial BLS certification programs, the EMT Instructor must have successfully passed the Virginia Emergency Medical Services Education Standards (VEMSES) Competency exam.
    - b) This requirement for a certified EMT Instructor does not apply to continuing education programs that have a standardized curriculum and a nationally recognized parent organization that provides oversight for program administration. The Office will maintain a listing of recognized programs—**T-010**—which fulfill this requirement.
    - c) This requirement for a certified EMT Instructor does not apply to awarding **Required** (Category 1) continuing education credits for specified topics in ALS programs that the Office has recognized as identical in content to the equivalent BLS program.
  2. A certified ALS Coordinator must serve as the Course Coordinator for all ALS training certification courses and continuing education programs that award **Required** (Category 1) continuing education credits.
    - a) In order to announce/coordinate initial ALS certification programs, the ALS Coordinator must have successfully passed the Virginia Emergency Medical Services Education Standards (VEMSES) Competency exam.
    - b) This requirement for a certified ALS Coordinator does not apply to continuing education programs that have a standardized curriculum and a nationally recognized parent organization that provides oversight for program administration. The Office will maintain a listing of recognized programs—**T-010**—which fulfill this requirement.

- c) This requirement for a certified ALS Coordinator does not apply to awarding **Required** (Category 1) continuing education credits for specified topics in BLS programs that the Office has recognized as identical in content to the equivalent ALS program.
- 3. Training programs that award only **Approved** (Category 2) continuing education credits may be coordinated by any individual who possesses specific education and experience that makes them knowledgeable of the EMS related subject matter to be presented. Continuing education credits for these programs will be determined and assigned by the Office.



- Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)
  - Eligible for EMSTF funding at the ALS level only
- 4. **American College of Emergency Physicians (ACEP)**
  - International Trauma Life Support (ITLS)
    - Eligible for EMSTF funding at the ALS and BLS level
  - Pediatric International Trauma Life Support (PITLS)
    - Eligible for EMSTF funding at the ALS BLS level
- 5. **National Association of EMTs (NAEMT)**
  - Prehospital Trauma Life Support (PHTLS)
    - Eligible for EMSTF funding at the ALS and BLS level
  - Emergency Pediatric Care (EPC)
    - Eligible for EMSTF funding at the ALS and BLS level
  - Advanced Medical Life Support- Advanced Course (AMLS)
    - Eligible for EMSTF funding at the ALS level only
- 6. **American College of Pediatrics (AAP)**
  - Pediatric Education for Prehospital Providers (PEPP)
    - Eligible for EMSTF funding at the ALS and BLS level
  - Neonatal Resuscitation Program (NRP)
    - Eligible for EMSTF funding at the ALS level only
- 7. **American College of Surgeons (ACS)**
  - Advanced Trauma Life Support (ATLS)
- 8. **Emergency Nurses Association (ENA)**
  - Trauma Nursing Core Curriculum (TNCC)
- 9. **American Geriatrics Society**
  - Geriatric Education for Emergency Medical Services (GEMS)
    - Eligible for EMSTF funding at the ALS and BLS levels
- 10. **American Academy of Orthopaedic Surgeons**
  - Assessment and Treatment of Trauma (ATT)
    - Eligible for EMSTF funding at the ALS and BLS levels



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-015</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Course Coordinator Responsibilities as Employee or Contractor</b>		
Regulatory Authority: <b>12VAC5-31-1310 and 12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

- A. When a Course Coordinator is conducting a training program as an employee or contractor for any other "Person"; whether or not for profit; the Course Coordinator retains full responsibility for compliance with the state EMS regulations, this EMS Training Program Administration Manual and the Code of Virginia in all matters relating to the conduct of the training program not specifically delegated to the Physician Course Director.
- B. Any other "Person" who operates an organization for the purpose of providing EMS training programs that employs or contracts with an EMT-Instructor or ALS Coordinator to conduct a training program may not vary from, nor direct the Course Coordinator to vary from, compliance with the state EMS regulations, this EMS Training Program Administration Manual and the Code of Virginia in any matters relating to the conduct of the training program.

Per **12VAC5-31-10**: "Person" means (as defined in the Code of Virginia) any person, firm, partnership, association, corporation, company, or group of individuals acting together for a common purpose or organization of any kind, including any government agency other than an agency of the United States government.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T -020</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Course Approval Request Submission</b>		
Regulatory Authority: <b>12VAC5-31-1400</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

- A. A Course Coordinator must submit to the Office a complete Course Approval Request form (TR-01 or approved equivalent) thirty (30) days before the beginning date of a certification or continuing education course that includes the following:
1. The signature of the Course Coordinator.
  2. The signature of the Physician Course Director if requesting a BLS or ALS certification program or "Required (Category 1)" CE hours for a program not exempt from this requirement under [T-005 1 a. or 2 a.](#)
- B. The Office will review the Course Approval Request and assign the program a unique Course Number. This Course Number will be recorded on the original Course Approval Request form and this information will be provided to the Course Coordinator. This Course Number will be used to identify the particular program throughout the instruction and/or examination process.
- C. The Course Coordinator will be sent a list of the continuing education topic and sub-topic numbers assigned for the content of the course. The Course Coordinator must review this list for accuracy and must use only those topics assigned for the particular course when completing student CE records/cards.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-025</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Course Approval Request Changes</b>		
Regulatory Authority: <b>12VAC5-31-1400</b>		
Date of Issue: <b>December 31, 2003</b>	Effective Date: <b>July 1, 2012</b>	

- A. The Course Coordinator will be responsible for submitting to the Office in writing any request to make changes in the information submitted on the Course Approval Request form to include, but not limited to the:
  1. Course BEGIN and/or END dates.
  2. Course content (didactic or skills subject matter).
  3. Contact hours per subject topic.
  4. Course Coordinator
    - a. Must include justification for change and signatures of both the old and new Course Coordinators and the Operational Medical Director/Physician Course Director.
  5. Physician Course Director.
    - a. Must include justification for change and signatures of both the old and new Physician Course Directors and the Course Coordinator.
- B. Instances where the current Course Coordinator or Physician Course Director is not available will be addressed on a case-by-case basis.
- C. The Office will review the request and notify the Course Coordinator and the Physician Course Director of any acceptance or denial of the change(s) submitted.
- D. If the course has an Emergency Medical Services Training Fund (EMSTF) contract, changes to the Course Approval shall nullify the existing contract unless a Contract Modification is requested and approved.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-030</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Student Course Enrollment</b>		
Regulatory Authority: <b>12VAC5-31-1440 and 12VAC5-31-1450 and 12VAC5-31-1460</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. For all courses leading to certification at a new or higher level, the Course Coordinator must have each student complete a Virginia EMS Training Program Enrollment form. These forms must be reviewed by the Course Coordinator and submitted to the Office no later than fifteen (15) days following instruction of the third lesson of the training program and no later than fifteen (15) days prior to the course's End Date. (Earlier submission is allowed and encouraged.)
1. Upon receipt of the Virginia EMS Training Program Enrollment forms from the Course Coordinator, the Office must review the eligibility of each enrolling student. The Office will notify the Course Coordinator on the Course Student Disposition Report (CSDR) in the EMS Portal of any ineligibility discovered during this review.
  2. The Office will provide the Course Coordinator a listing of each enrolled student and assign a Certification Number for each student.
    - a. Certification Numbers assigned to each student will become a permanent identifier of each individual in Office records. Each student should use this number for all correspondence and submission of documentation to the Office.
      - i. If the student has previously enrolled in an EMS Training Program or is currently certified at any certification level in Virginia, the Certification Number previously assigned by the Office must be used.
    - b. Upon receipt of the listing of enrolled students, the Course Coordinator must review this listing for completeness and notify the Office of any discrepancies.
- B. Only students listed as enrolled in the designated training program will be allowed to test for certification using the assigned Course Number for the specified training program.







# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-040</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Instructor Participation Records</b>		
Regulatory Authority: <b>12VAC5-31-1650</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The Course Coordinator must maintain records of attendance, instructor provider level, subject taught and participation of each certified EMT Instructor, ALS Course Coordinator or other individual who instructs in the program.

- A. For approved BLS courses, documentation of teaching hours must be submitted to the Office for each EMT Instructor participating in the program to award teaching hour credit.
  - 1. CE Scancards used to record an EMT-Instructor's instruction of an approved BLS program should be submitted using Level "F" and Category "6" (EMT Instruction). The Course Coordinator should mark the "A" bubble on the right side of the CE scancard to indicate the number of hours of instruction provided (up to 36 hours per scancard). Multiple scancards may be submitted for a single course as needed using the assigned Course Number and a different Topic Number for each scancard.
  - 2. The CE Scanners may be used in place of CE scancard submission.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-045</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>Student and Course Records for Certification Courses</b>		
Regulatory Authority: <b>12VAC5-31-1470</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. This policy addresses the stewardship of student records for initial basic programs which lead to certification in Virginia.

1. Virginia and CoAEMSP Accredited Training Sites

- a. Stewardship of student files, course records, files, data and personnel files.
  - i. Stewardship is defined as: the careful and responsible management of course materials, records, and data pertaining to courses and initial basic programs.
- b. The accredited site's designated Program Director must maintain records of class dates, topics instructed, and attendance and performance records for all students attending a certification course and/or continuing education (CE) courses. Stewardship of these records is the responsibility of the accredited site—regardless of who announced or coordinated the program—shall maintain all original records as required below.
- c. Student records must be maintained according to the Virginia Public Records Act Va. Code §42.1-76, to include:
  - i. Signed student acknowledgment form collected upon completion of review of the appropriate BLS or ALS enrollment requirements.
  - ii. Course attendance rosters (A photocopy is acceptable if the original is submitted to the Office for purposes of the EMS Training Funds Program)
  - iii. Scores on all course quizzes, exams and other didactic knowledge and/or practical skill evaluations.
  - iv. Skill proficiency as recorded on the applicable "Basic Life Support Individual Age, Clinical and Skill Performance Verification Record" form (EMS-TR-33 Revised 07/2002).
  - v. All Hospital and/or Field Internship activities including dates and locations, activities performed, student evaluations and preceptor name and certification level; as applicable.

- vi. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action and all applicable details of steps taken to determine the degree and nature of the actions taken.
  - vii. Copy of the Course Student Disposition Report (CSDR) form.
  - viii. All other records requested to be maintained by the Physician Course Director for the program.
2. Individual EMS Instructors and ALS-Coordinators
- a. Stewardship of student files, course records, files, data and personnel files
    - i. Stewardship is defined as: the careful and responsible management of course materials, records, and data pertaining to courses and initial basic programs.
  - b. The Course Coordinator must maintain records of class dates, topics instructed, and attendance and performance records for all students attending a certification course and/or continuing education (CE) courses. Stewardship of these records is the responsibility of the EMT Instructor or ALS Coordinator who announced said programs. The Course Coordinator shall maintain all original records as required below.
  - c. Student records must be maintained according to the Virginia Public Records Act Va. Code §42.1-76, to include:
    - i. Signed student acknowledgment forms collected upon completion of review of the appropriate BLS or ALS enrollment requirements.
    - ii. Course attendance rosters (A photocopy is acceptable if the original is submitted to the Office for purposes of the EMS Training Funds Program)
    - iii. Scores on all course quizzes, exams and other didactic knowledge and/or practical skill evaluations.
    - iv. Skill proficiency as recorded on the applicable "Basic Life Support Individual Age, Clinical and Skill Performance Verification Record" form (EMS-TR-33 Revised 07/2002).
    - v. All Hospital and/or Field Internship activities including dates and locations, activities performed, student evaluations and preceptor name and certification level; as applicable.
    - vi. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action and all

applicable details of steps taken to determine the degree and nature of the actions taken.

vii. Copy of the Course Student Disposition Report (CSDR) form.

viii. All other records requested to be maintained by the Physician Course Director for the program.

B. When the Virginia Public Records Act Va. Code §42.1-76, specifies that records may be destroyed, the Office of EMS requires that the following records, at a minimum, be maintained indefinitely. At a minimum, the following documentation must be maintained indefinitely:

1. Required summary completion records for BLS programs include:

- a. Full course name/type of course
- b. Course begin and end dates
- c. Student's name and certification number
- d. Student Age Verification, if applicable
- e. CPR verification
- f. Number of hours of training completed in each of the major topic areas of the program
- g. Verification of skill completion
- h. Student disposition (pass, failed, withdrawal or incomplete)
- i. Copy of the Course approval with verified printed names and signatures of EMT Instructor and the program's PCD

2. Required summary completion records for ALS programs include:

- a. Full course name/type of course
- b. Course begin and end dates
- c. Student's name and certification number
- d. Student Age Verification
- e. Verification of high school graduation/GED or college transcript
- f. Number of hours of training completed in each of the major topic areas of the program
- g. Verification by number of skills/competencies successfully completed
- h. Student disposition (pass, failed, withdrawal or incomplete)
- i. Copy of the Course approval with verified printed names and signatures of the ALS Coordinator and the program's PCD



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-050</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Continuing Education Record Submission</b>		
Regulatory Authority: <b>12VAC5-31-1680</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2005</b>	

- A. The Course Coordinator will be responsible for submission of continuing education (CE) data in an Office approved format for students attending either individual lessons or an entire continuing education training program within fifteen (15) days of the student's participation (CE record submission may be held until course completion only upon student request).
1. The Course Coordinator must submit CE data for all providers attending the training program for awarding continuing education credit. Students may not use the assigned Course Number for recertification testing using a Virginia EMS Certification Application.
  2. The Course Coordinator is not expected to submit CE data for students enrolled in a certification program unless specifically requested by the student for purposes of maintaining their current prerequisite certification level as required for program enrollment.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-055</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Verification of Student Course Completion</b>		
Regulatory Authority: <b>12VAC5-31-1470</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. The Course Coordinator must verify that each student successfully completing any certification program has met the eligibility, competency and performance requirements contained within the Virginia EMS Education Standards (VEMSES) and all other guidelines and procedures for state certification testing eligibility.
- B. Verification of student eligibility certification testing at all levels requires submission of the web based Course Student Disposition Report (CSDR) form.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-060</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Physician Course Director (PCD)</b>		
Regulatory Authority: <b>12VAC5-31-1410</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. The Physician Course Director (PCD) is expected to be actively involved in the oversight of all EMS training programs.
- B. The Course Coordinator and the PCD are equally responsible for the progress of the training program to include:
  - 1. Any program schedule changes.
  - 2. Individual student performances.
  - 3. Any student or instructor complaints.
  - 4. The general progress of program activities.



# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-065</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Course Site Selection</b>		
Regulatory Authority: <b>12VAC5-31-1400</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. EMS courses must be conducted in locations that provide suitable facilities and resources for instruction, such as regional training centers, hospitals, community colleges, religious institutions, and schools.
1. Selection of classrooms must consider:
    - a. Facility: Can comfortably and safely (the Statewide Fire Prevention Code) accommodate the scheduled number of students allowing them an unobstructed view of audio-visual teaching aids and with limited interruptions.
      - i. A facility must allow sufficient space for required practical skill activities.
      - ii. Rooms used for written testing must be large enough to allow no more than three students to a standard conference table or no closer than two seats apart in a theater style room.
      - iii. Every effort must be made to conduct courses away from facilities that are subject to frequent interruptions (e.g. fire stations, rescue squads, etc.)
    - b. HVAC: The Course Coordinator must have access to the climate and lighting controls of the room.
  2. Public Access: Facilities selected for public courses must comply with the provisions of federal, state and local laws regarding building access for persons with disabilities.
    - a. At a minimum, the initial session of all certification courses must be held in a location that is fully accessible to all interested parties.
    - b. Ability to access the classroom must not present a barrier for individuals seeking enrollment in the training program.



2. The Course Coordinator must maintain records of student participation in the Approved Alternative Presentation Format and submit continuing education records for each involved student for programs used for continuing education purposes.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-075</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Approved Online Course Presentations</b>		
Regulatory Authority: <b>12VAC5-31-1400</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. Auxiliary Programs - The following programs have been approved for use of an Alternative Presentation Format for the instruction of the specified training program:

1. American Heart Association – “Heart Code” Self-Learning Advanced Cardiac Life Support simulator is approved for award of 8 hours of ALS Category 1 continuing education credit in the following continuing education areas:
  - a. Area 71 – 2 hours
  - b. Area 72 – 2 hours
  - c. Area 73 - 2 hours
  - d. Area 74 – 2 hours
  - e. This program is not eligible for EMT Training Funds Program funding.
2. eACLS Programs - The Virginia Office of EMS requires the following to receive Virginia course approval and continuing education credit for EMS providers who successfully complete an “eACLS” program:
  - a. The National Parent Organization (ACEP, AHA, ASHI, etc.) must generate a letter on their official letterhead indicating that the specified education center has been approved to offer eACLS programs. This letter must identify the education center and the center’s coordinator by name. The letter must identify a date of expiration for the education center.
  - b. A Virginia Course Approval Request form (TR-01) must be signed by the education center coordinator that has been identified for the education center. OMD/PCD signature is not required on the course approval request (attach a copy of the approval letter).
  - c. Course approval requests for an eACLS program can be requested for not more than twelve months.
  - d. Upon the completion of the eACLS didactic portion the student is required to present to the education center a certificate of completion and then must successfully complete the required practical portion of the program. Once the student has

successfully completed the didactic and practical portions then the education center coordinator may submit to the Virginia Office of EMS a completed Virginia EMS scan card to award continuing education credit.

- e. The education center is to maintain the student's successful completion records for a period of five years.
  - f. In the event the student does not successfully complete the eACLS program then the awarding of Virginia Office of EMS continuing education credit is not allowed.
  - g. Loss or renewal of the education center status must be copied to the Virginia Office of EMS.
  - h. These requirements do not apply to the standard classroom style ACLS programs and there is no change in the requirements for obtaining Virginia course approval.
  - i. This program is not eligible for EMT Training Funds Program funding.
3. For listed programs that are approved for award of Category 1 continuing education credit, providers holding any certification level may also receive Category 2 (Approved) CE credit for participation in the program.

**B. Online Continuing Education**

- 1. Any online continuing education programs seeking to award continuing education (CE) credit in Virginia shall request approval by the Office of EMS before such credit can be awarded.
  - a. Programs seeking approval from the Office of EMS to offer online continuing education shall:
    - i. Be accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).
    - ii. Complete an application for approval.
  - b. A list of approved programs can be found on:

<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-080</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Course Scheduling</b>		
Regulatory Authority: <b>12VAC5-31-1400</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

Courses must be scheduled to allow sufficient time for instruction of all required Content Areas of the Virginia EMS Education Standards (VEMSES) and the program's curriculum prior to the course End Date approved by the Office. Additional course meeting dates must be planned to allow for unexpected interruptions in instruction. (e.g. severe weather, power failures, etc.)



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-085</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Maximum BLS or ALS Course Enrollment</b>		
Regulatory Authority: <b>12VAC5-31-1400</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Maximum Enrollment** - Certification course size must be limited to a maximum of thirty (30) fully enrolled students.
1. Additional students seeking continuing education credit may be admitted as reasonably allowed by facility size and instructional staff availability
  2. Only courses announced by an Office of EMS accredited institution/organization may exceed the maximum of thirty (30) enrolled students, with resources to meet class size.
- B. **Student Instructor Ratio** - The group size for practical skill sessions must not exceed six students (6:1 ratio) per instructor.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-090</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Instructors/Adjunct Faculty</b>		
Regulatory Authority: <b>12VAC5-31-1420, 12VAC5-31-1670 and 12VAC5-31-1920</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Instructor Selection** - Although EMT Instructors and ALS Coordinators are authorized to instruct any or all portions of the applicable BLS or ALS certification courses at or below their current certification/licensure levels, the Office encourages maximum utilization of physicians, nurses, and other medical specialists to assist with these programs. In non-clinical subjects the Course Coordinator may use qualified experts such as law enforcement and communications personnel. Assisting instructors must be familiar with the lesson plans and objectives for the topic in advance of their instruction.
1. For BLS programs leading to initial Emergency Medical Responder/EMS First Responder or EMT certification, a VEMSES qualified EMT Instructor must be present to insure that proper and complete instruction is provided for each lesson topic.
  2. An EMT instructor is not required to be present for Category 1 BLS Continuing Education classes but they must have an EMT instructor as the course coordinator unless it is an exempted program per **T-005**.
- B. **Psychomotor Instructors** - In addition to the lead instructor for each lesson, arrangements must be made to provide for sufficient instructor aides to assist in all psychomotor skill sessions of each course. If certified EMT Instructors or ALS Coordinators are not available, providers certified at the level of instruction (EMT, EMT-Enhanced, Intermediate, and Paramedic) or related healthcare certification/licensure may be utilized as assistants.
1. Certified EMT-Instructors may be used for instruction of basic skill stations in advanced life support programs. Basic psychomotor skills are those procedures not requiring invasive activities or use of Advanced Life Support equipment. Basic skills include:
    - a. Extremity and spinal Immobilization techniques.
    - b. Soft tissue wound care.
    - c. Use of Automated External Defibrillators (AED).
- C. **PCD Notification** - The PCD must be informed of all assisting instructors to be used for the course and has the authority to approve or disapprove any instructor selected for use.





# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-095</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Course Monitoring</b>		
Regulatory Authority: <b>12VAC5-31-1420</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

- A. All programs and courses approved for issuance of certification or award of continuing education must allow unannounced monitoring by the Office or its designee for quality assurance purposes and regulatory compliance. Failure to allow admission of a properly identified Course Monitor may result in the Office taking disciplinary action to include, but not limited to:
1. Revocation of the training program's course approval.
  2. Suspension or revocation of the training program's authority to award continuing education credits.
  3. Revocation of the enrolled student's eligibility for certification testing.
- B. Any action taken by the Office in response to this policy may be in addition to any other disciplinary action taken in response to other violations of regulation or policy.



- a. Can only be coordinated by an ALS Coordinator who has passed the VEMSES Knowledge Competency exam.

C. **Continuing Education** - For continuing education programs, the Course Coordinator must identify the specific subjects/topic areas and hours requested for programs that they wish to have approved.

- 1. In all cases, the content and scope of all continuing education courses must conform to the applicable Virginia EMS Education Standards (VEMSES) (or state curricula for EMT Enhanced). Variations in instruction of specific skills or didactic material to conform to local "standards of care" that do not conflict with specific Office policies are allowed only when deemed appropriate by the Physician Course Director (PCD) and EMS agency Operational Medical Director (OMD).

D. **Psychomotor Skills and Procedures** – All psychomotor skills and procedures instructed within a course must comply with the *Virginia Emergency Medical Services Scope of Practice* for the certification level of the program and students involved, as applicable. **(See T-200)**



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-105</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Teaching Materials/Approved Texts</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

- A. Recognizing the variety of teaching materials and textbooks available for each of the training levels, the Office does not require that specific materials or textbooks be used as long as the materials reflect the current state of EMS practice
- B. All textbooks and teaching materials to be used in a program are subject to review and approval by the program PCD, if applicable.



# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-115</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Scheduling and Coordination of Virginia Consolidated Test Sites</b>		
Regulatory Authority: <b>12VAC5-31-1430</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Standardized Examinations** - All state certification examinations must be conducted in a standardized and consistent manner following guidelines established for Test Site Coordinators by the Office. All parts of the required written and/or practical examinations must be taken at a single test site. Any part of the required examinations that is not completed at the test site will be scored as incomplete and will be recorded as an exam failure.
- B. **Examination Administration** - State written and/or practical certification examinations are administered by an Office Certification Examiner.
- C. **Test Site Location** - Approved Test Site Coordinators must arrange for a location suitable for test administration (Proper lighting, large enough room to separate students, table or arm boards for writing, minimal interruptions such as sirens, telephones, etc.).
  1. Certification Examiners arriving at an unsuitable location for testing are authorized to cancel the exams until the Test Site Coordinator locates adequate facilities.
- D. **Station Evaluators** - Qualified evaluators must be used for the assessment of all practical examinations.
  1. All persons utilized as station evaluators must be at least 18 years of age.
  2. All persons utilized as station evaluators must hold current certification at, or above, the level being tested, and must have completed all other training requirements established by the Office for examination evaluators.
  3. Reasonable effort must be made to minimize any conflicts of interest between evaluators and students at the test site. Under no circumstance will a Course Coordinator be allowed to act as an evaluator for his or her own students.
  4. If the Certification Examiner finds that one or more of the evaluators are not familiar with the examination or unable to conduct a proper evaluation, the involved station may be closed. If more than one station evaluator is incapable of fairly administering the exam, the Certification Examiner is authorized to cancel the entire exam.

E. **Station Victims** - The Test Site Coordinator must arrange for sufficient numbers of persons to serve as patient actors ("victims") for the Practical examination. These individuals must be selected using the following criteria:

1. Patient actors must be at least 16 years of age and of sufficient maturity and physical size to simulate a typical teenage to adult age patient. This requirement is necessary to insure:
  - a. That the patient care equipment used at the test site can be applied properly and safely.
  - b. That the "victim" is capable of realistically acting the role of the simulated patient suffering the conditions or injuries involved in a realistic manner.
2. Patient actors must be fully informed of the nature and extent of the physical exam and injury simulation (moulage) procedures that will be performed during the examination.
  - a. If a patient actor is less than 18 years of age, written parental permission to participate in the exam is required.
3. Patient actors must be instructed to wear appropriate attire (shorts, tee shirt, etc.), or they must be provided with suitable garments for the examination by the Test Site Coordinator.

### Student Enrollment, Testing and Certification

Policy #	Title	Last Revision Date
T-200	Scope of Practice Procedures and Formulary	7/01/2012
T-202	BLS Primary Certification Examination Process	7/01/2012
T-203	ALS Primary Certification Examination Process	7/01/2012
T-204	Required Evidence of Eligibility for Certification Testing	7/01/2012
T-205	Students from Foreign Countries	7/01/2012
T-206	Recertification Eligibility Requirements	7/01/2012
T-208	Recertification Examination Process	7/01/2012
T-210	Basic and Advanced Life Support Cognitive Examinations	7/01/2012
T-212	Basic and Advanced Life Support Psychomotor Examinations	7/01/2012
T-214	BLS Primary Retest Policy Guidelines	7/01/2012
T-215	ALS Primary Retest Policy Guidelines	7/01/2012
T-216	BLS Secondary Certification Examination Attempt	7/01/2012
T-217	ALS Secondary Certification Examination Attempt	7/01/2012
T-218	BLS Secondary Retest Policy Guidelines	7/01/2012
T-219	ALS Secondary Retest Policy Guidelines	7/01/2012
T-220	Examination Security and Review	7/01/2012
T-222	Virginia Certification	7/01/2012
T-224	Certification Expiration Periods	7/01/2012
T-226	Privilege of Certification and Field Practice Authority	1/01/2003
T-228	Non-EMS Agency Practice	7/01/2012
T-230	Falsifying Information	1/01/2003
T-234	Certification through Reciprocity	7/01/2012
T-236	Legal Recognition EMT Certification	7/01/2012
T-238	Equivalency Challenge Certification	7/01/2012



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T-240	Provider Certification Reentry Program	7/01/2012
T-242	Voluntary Inactivation of Certification	1/01/2003
T-244	Reinstatement of Inactive Certification	1/01/2003



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-200</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Scope of Practice Procedures and Formulary</b>		
Regulatory Authority: <b>12VAC5-31-1040, 12VAC5-31-1310, 12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. The Office publishes and maintains the Scope of Practice Procedures and Formulary which specifies the medical procedures and medications identified as the *Standard of Care* for use by each EMS certification level issued by the Office as endorsed by the Medical Direction Committee and approved by the EMS Advisory Board.
1. Medical procedures or medications not included on the Scope of Practice Procedures and Formulary are not considered the *Standard of Care* recommended for EMS personnel except as provided in 12VAC5-31-1070 of state EMS regulations.
- B. For state certification and recertification purposes students should be familiar with the Scope of Practice Procedures and Formulary as outlined for the certification level being tested.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-202</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>BLS Primary Certification Examination Process</b>		
Regulatory Authority: <b>12VAC5-31-1480</b>		
Date of Issue: <b>June 1, 2012</b>	Effective Date: <b>July 1, 2012</b>	

A. BLS initial certification programs are the Emergency Medical Responder/First Responder and Emergency Medical Technician.

1. Candidates completing a certification program for the first time through attendance of an entire certification program must initiate certification testing within 180 days of the course end date.

B. Initial Certification Testing

1. Emergency Medical Responder/First Responder
  - a. For courses ending before July 1, 2012 which were based upon the National Standard Curriculum (NSC), the candidate must complete a Virginia written and practical examination.
  - b. For courses ending on or after July 1, 2012 which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must:
    - i. Complete the Virginia psychomotor examination
    - ii. Complete the National Registry of EMT's (NREMT) cognitive examination.
      - (a) Access to the National Registry of EMT's (NREMT) cognitive examination will be issued following successful completion of the Virginia psychomotor examination. See **T-210**.
2. Emergency Medical Technician
  - a. For courses ending before July 1, 2012 which were based upon the National Standard Curriculum (NSC), the candidate must complete a Virginia written and practical examination.
  - b. For courses ending on or after July 1, 2012 which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must:
    - iii. Complete the Virginia psychomotor examination
    - iv. Complete the National Registry of EMT's (NREMT) cognitive examination.

- (a) Access to the National Registry of EMT's (NREMT) cognitive examination will be issued following successful completion of the Virginia psychomotor examination. See **T-210**.

**C. Reentry Certification Testing**

- 1. Emergency Medical Responder/First Responder
  - a. Reentry candidates testing on or before December 31, 2013 will complete the Virginia written and practical examination which is based on the National Standard Curriculum (NSC)
  - b. Reentry candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive examination.
- 2. Emergency Medical Technician
  - a. Reentry candidates testing on or before December 31, 2013 will complete the Virginia written and practical examination which is based on the National Standard Curriculum (NSC)
  - b. Reentry candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive examination.

**D. Equivalency Testing**

- a. Equivalency candidates testing on or before December 31, 2013 the candidate must complete a Virginia written and practical examination.
- b. Equivalency candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive examination.

**E. Legal Recognition Testing**

- a. Legal Recognition candidates testing on or before December 31, 2013 the candidate must complete a Virginia written and practical examination.
- b. Legal Recognition candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive examination.

- F. Maximum Allowed Testing Period** – All certification testing series must be completed within twelve (12) months from the date of the primary certification test attempt (e.g. first test date). Failure to complete this process within this twelve (12) month period will require the Candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-203</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>ALS Primary Certification Examination Process</b>		
Regulatory Authority: <b>12VAC5-31-1480</b>		
Date of Issue: <b>July 1, 2012</b>	Effective Date: <b>July 1, 2012</b>	

- A. ALS initial certification programs are the EMT-Enhanced, Advanced Emergency Medical Technician, Intermediate and Paramedic.
  1. Candidates completing a certification program for the first time through attendance of an entire certification program or an entire bridge program from a lower certification level to a higher certification level must initiate certification testing within 180 days of the course end date.
- B. Advanced Life Support – Students/Candidates
  1. EMT-Enhanced
    - a. For courses ending before the promulgation of the new EMS Rules and Regulations which are based upon the Virginia Standard Curriculum (VSC), the candidate must complete a Virginia written and practical examination.
  2. Advanced Emergency Medical Technician (AEMT)
    - a. Following the promulgation of the new EMS Rules and Regulations, the Office will publish a transition timeline for phasing out the EMT-Enhanced certification level and the introduction of the new Advanced Emergency Medical Technician (AEMT) VEMSES based certification program.
    - b. Students in Virginia Office of EMS accredited AEMT courses shall be required to complete the National Registry of EMT's (NREMT) cognitive and psychomotor examination. See **T-210** and **T-212**.
  3. Intermediate
    - a. On or before December 31, 2013, students in Virginia Office of EMS accredited Intermediate courses shall be required to complete the National Registry of EMT's (NREMT) cognitive and psychomotor examination. See **T-210** and **T-212**.
    - b. After December 31, 2013, students in Virginia Office of EMS accredited Intermediate courses shall be required to complete the National Registry of EMT's (NREMT) Intermediate-99 cognitive assessment examination and the Virginia Intermediate psychomotor examination.

#### 4. Paramedic

- a. Students in Virginia Office of EMS accredited Paramedic courses shall be required to complete the National Registry of EMT's (NREMT) cognitive and psychomotor examination. See **T-210** and **T-212**.

### C. Advanced Life Support – Recertification

#### 1. EMT-Enhanced

- a. On or before the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the state written examination.
- b. After the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the National Registry cognitive assessment examination.

#### 2. Intermediate

- a. On or before December 31, 2013, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the state written examination.
- b. After December 31, 2013, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the National Registry cognitive assessment examination.

#### 3. Paramedic

- a. On or before December 31, 2013, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the state written examination.
- b. After December 31, 2013, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the National Registry cognitive assessment examination.

### D. Advanced Life Support – Reentry

#### 1. EMT-Enhanced

- a. Virginia EMS providers whose EMT-Enhanced reentry testing occurs before the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, shall be required to complete the Virginia written examination.

- b. Virginia EMS providers whose EMT-Enhanced reentry testing occurs after the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, shall be required to complete the National Registry of EMT's (NREMT) Advanced EMT cognitive examination.

2. Advanced Emergency Medical Technician (AEMT)

- a. Virginia EMS providers whose AEMT is in reentry shall be required to complete the National Registry of EMT's (NREMT) Advanced EMT cognitive assessment examination.

3. Intermediate

- a. Virginia EMS providers whose Intermediate reentry testing occurs on or before December 31, 2013 shall be required to complete the Virginia Intermediate written examination.
- b. Virginia EMS providers whose Intermediate reentry testing occurs after December 31, 2013 shall be required to complete the National Registry of EMT's (NREMT) Intermediate cognitive assessment examination.

4. Paramedic

- a. Virginia EMS providers whose Paramedic reentry testing occurs on or before December 31, 2013 shall be required to complete the Virginia Paramedic written examination.
- b. Virginia EMS providers whose Paramedic reentry testing occurs after December 31, 2013 shall be required to complete the National Registry of EMT's (NREMT) Paramedic cognitive assessment examination.

E. **Maximum Allowed Testing Period** – All certification testing series must be completed within twelve (12) months from the date of the primary certification test attempt (e.g. first test date). Failure to complete this process within this twelve (12) month period will require the Candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-204</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Required Evidence of Eligibility for Certification Testing</b>		
Regulatory Authority: <b>12VAC5-31-1480</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Candidates requesting certification testing or retesting must demonstrate eligibility as evidenced by presentation of the following documentation at a test site.
1. Virginia test sites
    - a. Virginia issued Eligibility Letter or NREMT Test Results Letter
    - b. Variance (and/or Accommodation) Letter, if applicable
    - c. Government issued photo identification or public/private high school issued photo identification
  2. Pearson VUE sites
    - a. NREMT Accommodation Letter, if applicable
    - b. Government issued photo identification
    - c. NREMT Authorization to Test Letter (ATT)





# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-206</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Recertification Eligibility Requirements</b>		
Regulatory Authority: <b>12VAC5-31-1490 and 12VAC5-31-1640</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. In order to receive eligibility to recertify in Virginia, an EMS provider must demonstrate completion of the minimum continuing education requirements for the corresponding CE recertification program for the level to be recertified as evidenced by documentation on the provider's Virginia CE Report.

1. Basic Life Support Continuing Education (CE) Requirements

i. BLS CE Requirements can be found on the OEMS web page at the following URL: <http://1.usa.gov/L69yR4>

2. Advanced Life Support Continuing Education (CE) Requirements

i. ALS CE Requirements can be found on the OEMS web page at the following URL: <http://1.usa.gov/JAu536>

**B. Recertification Course Completion** - Providers requesting recertification must demonstrate eligibility as evidenced by:

1. Completion of the minimum continuing education requirements for the corresponding CE recertification program for the level to be recertified. Evidence of completion of the continuing education requirements must be received in the Office prior to certification expiration.



B. **After December 31, 2013**, Virginia EMS providers requesting to recertify who hold current (not expired) certifications are required to successfully complete the National Registry of EMT's cognitive assessment examination.

1. The default method for recertification in Virginia is to take the National Registry (NREMT) cognitive assessment examination.
2. Individuals affiliated with a licensed EMS agency may be granted an Exam Waiver from the National Registry (NREMT) cognitive examination by the Operational Medical Director (OMD) of the EMS agency, provided:
  - a. The individual has met all recertification requirements established by the Office of EMS.
  - b. A completed Virginia EMS Certification Application signed by the OMD and the individual is submitted to the Office documenting the Exam Waiver.
  - c. A Virginia EMS Certification Application form submitted as an Exam Waiver must be received by the Office no later than thirty (30) days following the expiration of the individual's certification at the level being "Waived".
    - i. Virginia EMS Certification Application forms received by the Office during the thirty (30) days after the individual's certification expiration date will be considered valid for recertification purposes. However, during this period following expiration, the individual may not practice at the expired certification level.
    - ii. Virginia EMS Certification Application forms received by the Office more than thirty (30) days after the individual's certification expiration date will be considered as invalid and the individual will be deemed in **Reentry Status** and required to test to regain current certification under Sections **T-202 and/or T-203**.

C. All individuals who are not affiliated with a licensed EMS agency must take the National Registry of EMT's cognitive assessment examination.

D. In all cases, an individual holding current (not expired) certification may choose to complete recertification by taking a written certification examination.

1. Virginia EMS providers whose testing occurs on or before the December 31, 2013 shall be required to pass the Virginia written examination for the level recertifying.
2. Virginia EMS providers whose testing occurs after December 31, 2013 shall be required to pass the National Registry of EMT's (NREMT) cognitive examination for the level recertifying.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-210</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Basic and Advanced Life Support Cognitive Examinations</b>		
Regulatory Authority: <b>12VAC5-31-1510</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. **State Administered Written Examinations** - All State written examinations must be conducted in a standardized and consistent manner following guidelines established by the Office in the following documents.

1. BLS Consolidated Test Site Manual
2. Virginia EMT Enhanced Certification Examination Policy Manual

B. **Cognitive Examination Format**

1. Basic Life Support Certification Programs
  - a. For BLS certification courses ending before July 1, 2012 which were based upon the National Standard Curriculum (NSC), the candidate must complete a Virginia written examination.
  - b. For BLS courses ending on or after July 1, 2012 which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must complete the National Registry of EMT's (NREMT) cognitive examination.
2. Advanced Life Support Certification Programs
  - a. For EMT-Enhanced candidates testing:
    - i. Courses ending before the promulgation of the new EMS Rules and Regulations which are based upon the Virginia Standard Curriculum (VSC), the candidate must complete a Virginia written examination.
    - ii. Following the promulgation of the new EMS Rules and Regulations, the Office will publish a transition timeline for phasing out the EMT-Enhanced certification level and the introduction of the new Advanced Emergency Medical Technician (AEMT) VEMSES based certification program.
    - iii. Students in Virginia Office of EMS accredited AEMT courses shall be required to complete the National Registry of EMT's (NREMT) AEMT cognitive examination.
  - b. For Intermediate candidates testing:

- i. On or before December 31, 2013 taking programs which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must complete the National Registry of EMT's (NREMT) Intermediate cognitive examination.
  - ii. After December 31, 2013 taking programs which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must complete the National Registry of EMT's (NREMT) Intermediate assessment examination.
- c. Paramedic candidates must complete the National Registry of EMT's (NREMT) Paramedic cognitive examination.
3. Virginia EMS Providers who are recertifying, individuals who are challenging or providers who have Legal Recognition should refer to **T-202, T-203 and T-208**.

**C. Exam Score Required** - Standards for successful completion are:

1. For individuals eligible to test the Virginia written examination:
  - a. Seventy percent (70% minimum) on all basic life support certification examinations.
  - b. Eighty percent (80% minimum) on all EMT-Instructor recertification examinations.
  - c. Eighty-five percent (85% minimum) on all EMT-Instructor pretest examinations.
  - d. Eighty percent (80% minimum) on all advanced life support certification examinations.
2. National Registry of EMT's Administered Examinations - Written examinations administered for issuance of certification by the National Registry of Emergency Medical Technicians (NREMT) will be conducted in accordance with the policies and procedures established by that organization. Although Office of EMS may participate in National Registry of EMT's examination administration and utilize the results of these examinations as the basis for issuance of certain state certifications, the Office has no authority to alter, amend or override the decisions of the National Registry of EMT's in regard to its issuance or denial of certification.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-212</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Basic and Advanced Life Support Psychomotor Examinations</b>		
Regulatory Authority: <b>12VAC5-31-1520</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. All psychomotor examinations must be conducted in a standardized and consistent manner following guidelines as established by:
1. **State Administered Psychomotor Examinations**
    - a. BLS Consolidated Test Site Manual
    - b. Virginia EMT Enhanced Certification Examination Policy Manual
  2. **National Registry Administered Psychomotor Examinations**
    - a. The National Registry of EMT's (NREMT) Administered Examinations.  
NREMT psychomotor examinations administered for issuance of certification by the National Registry of Emergency Medical Technicians will be conducted in accordance with the policies and procedures established by that organization. Although Office of EMS may participate in National Registry of EMT's examination administration and utilize the results of these examinations as the basis for issuance of certain state certifications, the Office has no authority to alter, amend or override the decisions of the National Registry of EMT's in regard to its issuance or denial of certification.
- B. **Psychomotor Examination Format**
1. **Basic Life Support Psychomotor Examinations**
    - a. BLS certification courses ending before July 1, 2012 which were based upon the National Standard Curriculum (NSC), the candidate must complete a Virginia practical.
    - b. For BLS courses ending on or after July 1, 2012 which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must complete the Virginia psychomotor examination.
  2. **Advanced Life Support Psychomotor Examinations**
    - a. EMT-Enhanced

- i. Certification courses ending before the promulgation of the new EMS Rules and Regulations which are based upon the Virginia Standard Curriculum (VSC), the candidate must complete a Virginia practical examination.
  - ii. Following the promulgation of the new EMS Rules and Regulations, the Office will publish a transition timeline for phasing out the EMT-Enhanced certification level and the introduction of the new Advanced Emergency Medical Technician (AEMT) VEMSES based certification program.
  - iii. Students in Virginia Office of EMS accredited AEMT courses shall be required to complete the National Registry of EMT's (NREMT) AEMT psychomotor examination.
- b. For Intermediate candidates testing:
  - i. On or before December 31, 2013 taking programs which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must complete the National Registry of EMT's (NREMT) Intermediate psychomotor examination.
  - ii. After December 31, 2013 taking programs which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must complete the Virginia Intermediate psychomotor examination.
3. Paramedic candidates must complete the National Registry of EMT's (NREMT) psychomotor examination.
4. Virginia EMS Providers who are recertifying, individuals who are challenging or providers who have Legal Recognition should refer to **T-202, T-203 and T-208**.
- C. **Evaluation Forms** - Practical station evaluation forms have been developed and are available on the Office of EMS web site. Only forms developed by the Office of EMS or the National Registry of EMT's are allowed for evaluating psychomotor stations.
- D. **Psychomotor Exams are Scored as Pass/Fail** - Candidates must demonstrate proficiency on all practical stations required for the program level being tested.
  1. Basic Life Support Programs
    - a. Failure criteria is determined by:
      - i. Not complying with identified **Critical Criteria** for the scenario being evaluated.
      - ii. Not obtaining the minimum number of points identified with the station being evaluated.
  2. Advanced Life Support Programs
    - i. For EMT Enhanced courses:
      - (a) Failure criteria is determined by:



- (i) Not complying with identified **Critical Criteria** for the scenario being evaluated.
  - (ii) Not obtaining the minimum number of points identified with the station being evaluated.
- ii. For Intermediate courses whose students are testing:
  - (a) On or before December 31, 2013 shall take the National Registry of EMTs (NREMT) administered psychomotor examination.
  - (b) After December 31, 2013, shall take the Virginia Intermediate psychomotor examination.
    - (i) Failure criteria is determined by:
      - 1. Not complying with identified **Critical Criteria** for the scenario being evaluated.
      - 2. Not obtaining the minimum number of points identified with the station being evaluated.
- iii. For Paramedic courses, students shall take the National Registry of EMT's (NREMT) administered psychomotor examinations.

E. **Psychomotor Retest Policy** - Candidates failing any psychomotor station may have an opportunity to retest the station(s) failed.

- 1. Same day psychomotor retesting may be offered.
- 2. Candidates attending a test site on a future date to retest must provide the Certification Examiner with all necessary documentation identifying the station(s) of the psychomotor examination needing to be retested. Documents may include, but are not limited to:
  - a. Virginia Retest Eligibility Letter
  - b. National Registry Test Results
  - c. Government issued photo identification
- 3. Basic Life Support
  - a. Same day retest may be allowed for failure of two (2) or less stations.
  - b. Same day retest is not allowed for failure of all three (3) psychomotor stations.
- 4. Advanced Life Support
  - a. EMT-Enhanced
    - i. Same day EMT-Enhanced retesting must follow the Virginia EMT Enhanced Certification Examination Policy Manual.
  - b. Advanced EMT retest candidates will follow the NREMT retest policy.
  - c. Intermediate

- i. Intermediate candidates retesting on or before December 31, 2013 will follow the NREMT retest policy.
    - ii. Intermediate candidates retesting after December 31, 2013 will follow the Virginia ALS Certification Examination Policy Manual.
  - d. Paramedic retest candidates will follow the NREMT retest policy.
- F. In the event a Certification Examiner determines that a technical error occurred in the testing of a station, the Certification Examiner will nullify the results for all affected candidates of the station in question regardless of their scores and allow a repeat of the station by the affected candidates.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-214</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>BLS Primary Retest Policy Guidelines</b>		
Regulatory Authority: <b>12VAC5-31-1530</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. Allowable Primary Retests

1. Primary retests must be completed within 90-days from the original examination date.
2. Retests may include a cognitive, psychomotor or both depending on the provider's status at the time of testing.
  - a. Basic Life Support – Students/Candidates
    - i. For students whose course ends before July 1, 2012, failing to achieve a minimum passing score on any state administered written and/or practical examination must retest within 90 days from the original examination date.
    - ii. For students whose course ends on or after July 1, 2012:
      - (a) Failing to achieve a minimum passing score on the state administered psychomotor examination must retest within 90 days from the original examination date.
      - (b) Passing the Virginia psychomotor examination is required prior to gaining access to the National Registry (NREMT) Authorization to Test Letter. Once initiating the NREMT cognitive examination, students fall under NREMT policies and procedures.
  - b. Basic Life Support – Recertification of Current Providers
    - i. Current providers (not those in reentry) whose primary retest is attempted prior to December 31, 2013 will be required to take the Virginia written examination for the level being recertified. If there is a primary retest requirement remaining after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
    - ii. Primary retesting must occur within 90-days of the original examination date.
  - c. Basic Life Support – Providers in Reentry
    - i. Providers in reentry whose primary retest is attempted prior to December 31, 2013 will be required to take only the failed sections of Virginia written and/or psychomotor examination for the level being recertified.

- (a) If there is a primary written retest required after December 31, 2013, the provider will be required to take National Registry cognitive examination.
  - (b) If there is a primary psychomotor retest required after December 31, 2013 the provider will be required to take Virginia psychomotor examination for the level being recertified.
- ii. Primary retesting must occur within 90-days of the original examination date.
- d. Basic Life Support – Legal Recognition
  - i. Providers in Legal Recognition whose primary retest is attempted prior to December 31, 2013 will be required to take only the failed sections of Virginia written and/or psychomotor examination for the level being recertified.
    - (a) If there is a primary written retest required after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination.
    - (b) If there is a primary psychomotor retest required after December 31, 2013 the provider will be required to take Virginia psychomotor examination for the level being recertified.
  - ii. Primary retesting must occur within 90-days of the original examination date.
- e. Basic Life Support – Challenges
  - i. For candidates whose primary retest is attempted prior to December 31, 2013 will be required to take only the failed sections of Virginia written and/or psychomotor examination for the level being sought.
    - (a) If there is a primary written retest required after December 31, 2013, the candidate will be required to take National Registry cognitive assessment examination.
    - (b) If there is a primary psychomotor retest required after December 31, 2013 the candidate will be required to take Virginia psychomotor examination for the level being recertified.
  - ii. Primary retesting must occur within 90-days of the original examination date.

## **B. Failure of Retest**

### **1. Virginia Examinations**

- a. For Virginia cognitive and psychomotor examinations, any failed primary retest or a primary retest which is not taken within the allowed 90-day retest period will be considered a failure of the initial testing series and must complete secondary eligibility before secondary certification testing may be attempted.

- b. For purposes of this policy, National Registry cognitive assessment examinations are considered Virginia examinations.
- 2. National Registry Examinations
  - a. Retest candidates will follow the NREMT retest policy.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-215</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>ALS Primary Retest Policy Guidelines</b>		
Regulatory Authority: <b>12VAC5-31-1530</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. Allowable Primary Retests

1. Primary retests must be completed within 90-days from the original exam date.
2. Retests may include a cognitive, psychomotor or both depending on the provider's status at the time of testing.
  - a. Advanced Life Support – EMT-Enhanced Student/Candidates
    - i. For students whose course ends prior to the promulgation of the new EMS Rules and Regulations, failing to achieve a minimum passing score on any state administered written and/or practical examinations must retest within 90 days from the original exam date.
    - ii. Following the promulgation of the new EMS Rules and Regulations, the Office will publish a transition timeline for phasing out the EMT-Enhanced certification level and the introduction of the new Advanced Emergency Medical Technician (AEMT) VEMSES based certification program.
    - iii. Advanced EMT retest candidates will follow the NREMT retest policy.
  - b. Advanced Life Support – EMT-Enhanced Recertification
    - i. Current providers (not those in reentry) whose primary retest is attempted prior the promulgation of the new EMS Rules and Regulations will be required to take the Virginia written examination for the level being recertified. If there is a primary retest requirement remaining after the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, the provider will be required to take National Registry cognitive exam for the level being recertified.
    - ii. Primary retesting must occur within 90-days of the original exam date.
  - c. Advanced Life Support – EMT-Enhanced Reentry
    - i. Providers in reentry whose primary retest is attempted prior to the promulgation of the new EMS Rules and Regulations will be required to take the Virginia written examination for the level being recertified. If there is a primary retest

requirement remaining after the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, the provider will be required to take National Registry cognitive exam for the level being recertified.

- ii. Primary retesting must occur within 90-days of the original exam date.
- d. Advanced Life Support – Intermediate Student/Candidates
  - i. Students who initiate National Registry (NREMT) testing prior to December 31, 2013 will follow the NREMT retest policy.
  - ii. Students who initiate retesting after December 31, 2013 shall:
    - (a) If available, follow the NREMT policy for Intermediate’s who initiated testing prior to December 31, 2013.
    - (b) If an NREMT policy is not available, Intermediate candidates must retest within 90-days from the original exam date and will be required to take only the failed sections of National Registry cognitive assessment examination and/or Virginia psychomotor examination for the level being recertified.
- e. Advanced Life Support – Intermediate Recertification
  - i. Current providers (not those in reentry) whose primary retest is attempted prior to December 31, 2013 will be required to take the Virginia written examination for the level being recertified. If there is a primary retest requirement remaining after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
  - ii. Primary retesting must occur within 90-days of the original exam date.
- f. Advanced Life Support – Intermediate Reentry
  - i. Providers in reentry whose primary retest is attempted prior to December 31, 2013 will be required to take the Virginia written for the level being recertified. If there is a primary retest requirement remaining after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
  - ii. Primary retesting must occur within 90-days of the original exam date.
- g. Advanced Life Support – Paramedic Student/Candidates
  - i. Paramedic retest candidates will follow the NREMT retest policy.
- h. Advanced Life Support – Paramedic Recertification
  - i. Current providers (not those in reentry) whose primary retest is attempted prior to December 31, 2013 will be required to take the Virginia written for the level being recertified. If there is a primary retest requirement remaining after December 31,

2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.

- i. Advanced Life Support – Paramedic Reentry
  - i. Providers in reentry whose primary retest is attempted prior to December 31, 2013 will be required to take the Virginia written for the level being recertified. If there is a primary retest requirement remaining after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.

## **B. Failure of Retest**

- 1. Virginia Examinations
  - a. For Virginia cognitive and psychomotor examinations, any failed primary retest or a primary retest which is not taken within the allowed 90-day retest period will be considered a failure of the initial testing series and must complete secondary eligibility before secondary certification testing may be attempted.
  - b. For purposes of this policy, National Registry cognitive assessment examinations are considered Virginia examinations.
- 2. National Registry Examinations
  - a. Retest candidates will follow the NREMT retest policy.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-216</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>BLS Secondary Certification Examination Attempt</b>		
Regulatory Authority: <b>12VAC5-31-1530</b>		
Date of Issue: <b>June 1, 2012</b>	Effective Date: <b>July 1, 2012</b>	

## A. Secondary Certification Testing Eligibility Requires:

1. Satisfaction of all requirements as set forth in the minimum continuing education requirements for the corresponding recertification CE program at the level being tested.
2. Only continuing education (CE) hours completed after the primary examination has been attempted shall be allowed to count toward secondary eligibility.
3. Receive written notification from the Office of EMS through the EMS Portal of eligibility for secondary certification testing.

## B. Basic Life Support - Students/Candidates

1. Emergency Medical Responder/First Responder
  - a. For courses ending before July 1, 2012 which are based upon the National Standard Curriculum (NSC), the candidate must complete a Virginia written and practical examination.
  - b. For courses ending on or after July 1, 2012 which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must:
    - i. Complete the Virginia psychomotor examination
    - ii. Complete the National Registry of EMT's (NREMT) cognitive examination.
      - (a) Access to the National Registry of EMT's (NREMT) cognitive examination will be issued following successful completion of the Virginia psychomotor examination.
2. Emergency Medical Technician
  - a. For courses ending before July 1, 2012 which are based upon the National Standard Curriculum (NSC), the candidate must complete a Virginia written and practical examination.
  - b. For courses ending on or after July 1, 2012 which are based upon the Virginia EMS Education Standards (VEMSES), the candidate must:
    - i. Complete the Virginia psychomotor examination
    - ii. Complete the National Registry of EMT's (NREMT) cognitive examination.

- (a) Access to the National Registry of EMT's (NREMT) cognitive examination will be issued following successful completion of the Virginia psychomotor examination.

C. Basic Life Support - Recertification

1. Current providers (not those in reentry) whose secondary test is attempted prior to December 31, 2013 will be required to take the Virginia written examination for the level being recertified.
2. Current providers (not those in reentry) whose secondary test is attempted after December 31, 2013, the provider will be required to take the National Registry cognitive assessment examination for the level being recertified.

D. Basic Life Support - Reentry

1. Emergency Medical Responder/First Responder
  - a. Reentry candidates testing on or before December 31, 2013 will complete the Virginia written and practical examination which is based on the National Standard Curriculum (NSC).
  - b. Reentry candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive assessment examination.
2. Emergency Medical Technician
  - a. Reentry candidates testing on or before December 31, 2013 must complete the Virginia written and practical examination which is based on the National Standard Curriculum (NSC)
  - b. Reentry candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive examination.

E. Basic Life Support - Equivalency

- a. Equivalency candidates testing before December 31, 2013 the candidate must complete a Virginia written and practical examination.
- b. Equivalency candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive assessment examination.

F. Basic Life Support - Legal Recognition

- a. Legal Recognition candidates testing before December 31, 2013 the candidate must complete a Virginia written and practical examination.

- b. Legal Recognition candidates testing after December 31, 2013 must complete the Virginia psychomotor skills practical and the National Registry cognitive assessment examination.

G. **Maximum Allowed Testing Period** – All certification testing series must be completed within twelve (12) months from the date of the primary certification test attempt (e.g. first test date). Failure to complete this process within this twelve (12) month period will require the Candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-217</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>ALS Secondary Certification Examination Attempt</b>		
Regulatory Authority: <b>12VAC5-31-1530</b>		
Date of Issue: <b>June 1, 2012</b>	Effective Date: <b>July 1, 2012</b>	

## A. Secondary Certification Testing Eligibility Requires:

1. Satisfaction of all requirements as set forth in the minimum continuing education requirements for the corresponding recertification CE program for the level being tested.
2. Only continuing education (CE) hours completed after the primary examination has been attempted shall be allowed to count toward secondary eligibility.
3. Receive written notification from the Office of EMS through the EMS Portal of eligibility for secondary certification testing.

## B. Advanced Life Support - Students/Candidates

1. EMT-Enhanced
  - a. Secondary certification testing requires the student/candidate to complete the entire Virginia written and practical examination series regardless of the results from the primary test series.

## C. Advanced Life Support – Recertification

1. On or before December 31, 2013, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the state written examination.
2. After December 31, 2013, Virginia EMS providers who hold current (not expired) certifications are required to successfully complete the National Registry cognitive assessment examination.

## D. Reentry Secondary Certification Testing

1. EMT-Enhanced
  - a. Virginia EMS providers whose EMT-Enhanced reentry testing occurs before the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline shall be required to pass the Virginia written examination.
  - b. Virginia EMS providers whose EMT-Enhanced reentry testing occurs after the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline shall be required to pass the National Registry of EMT's (NREMT) Advanced EMT cognitive assessment examination.

2. Advanced Emergency Medical Technician (AEMT)
  - a. Virginia EMS providers in reentry at the AEMT level shall be required to pass the National Registry of EMT's (NREMT) Advanced EMT cognitive assessment examination.
3. Intermediate
  - a. Virginia EMS providers whose Intermediate reentry testing occurs on or before the December 31, 2013 shall be required to pass the Virginia Intermediate written examination.
  - b. Virginia EMS providers whose Intermediate reentry testing occurs after December 31, 2013 shall be required to pass the National Registry of EMT's (NREMT) Intermediate cognitive assessment examination.
4. Paramedic
  - a. Virginia EMS providers whose Paramedic reentry testing occurs on or before the December 31, 2013 shall be required to pass the Virginia Paramedic written examination.
  - b. Virginia EMS providers whose Paramedic reentry testing occurs after December 31, 2013 shall be required to pass the National Registry of EMT's (NREMT) Paramedic cognitive assessment examination.

E. **Maximum Allowed Testing Period** – All certification testing series must be completed within twelve (12) months from the date of the primary certification test attempt (e.g. first test date). Failure to complete this process within this twelve (12) month period will require the Candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-218</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>BLS Secondary Retest Policy Guidelines</b>		
Regulatory Authority: <b>12VAC5-31-1530</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. Allowable Secondary Retests

1. Secondary retests must be completed within 90-days from the Secondary Test examination date.
2. Retests may include a cognitive, psychomotor or both depending on the provider's status at the time of testing.
  - a. Basic Life Support – Students/Candidates
    - i. For students whose course ends before July 1, 2012, failing to achieve a minimum passing score on any state administered written and/or practical examinations must retest within 90 days from the Secondary Test examination date.
    - ii. For students whose course ends on or after July 1, 2012:
      - (a) Failing to achieve a minimum passing score on the state administer psychomotor examination must retest within 90 days from the Secondary Test examination date.
      - (b) Passing the Virginia psychomotor examination is required prior to gaining access to the National Registry (NREMT) Authorization to Test Letter. Once initiating the NREMT cognitive examination, students fall under NREMT policies and procedures.
  - b. Basic Life Support – Recertification of Current Providers
    - i. Current providers (not those in reentry) whose secondary retest is attempted prior to December 31, 2013 will be required to take the Virginia written examination for the level being recertified.
    - ii. Current providers (not those in reentry) whose secondary retest is attempted after December 31, 2013, the provider will be required to take the National Registry cognitive assessment examination for the level being recertified.
    - iii. Secondary retesting must occur within 90-days of the Secondary Test examination date.

c. Basic Life Support – Providers in Reentry

- i. Providers in reentry whose secondary retest is attempted prior to December 31, 2013 will be required to take only the failed sections of Virginia written and/or psychomotor examination for the level being recertified.

- (a) If there is a secondary written retest required after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination.

- (b) If there is a secondary psychomotor retest required after December 31, 2013 the provider will be required to take Virginia psychomotor examination for the level being recertified.

- ii. Secondary retesting must occur within 90-days of the Secondary Test examination date.

d. Basic Life Support – Legal Recognition

- i. Providers in Legal Recognition whose secondary retest is attempted prior to December 31, 2013 will be required to take only the failed sections of Virginia written and/or psychomotor examination for the level being recertified.

- (a) If there is a secondary written retest required after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination.

- (b) If there is a secondary psychomotor retest required after December 31, 2013 the provider will be required to take Virginia psychomotor examination for the level being recertified.

- ii. Secondary retesting must occur within 90-days of the Secondary Test examination date.

e. Basic Life Support – Challenges

- i. For candidates whose secondary retest is attempted prior to December 31, 2013 will be required to take only the failed sections of Virginia written and/or psychomotor examination for the level being sought.

- (a) If there is a secondary written retest required after December 31, 2013, the candidate will be required to take National Registry cognitive assessment examination.

- (b) If there is a secondary psychomotor retest required after December 31, 2013 the candidate will be required to take Virginia psychomotor examination for the level being recertified.

- ii. Secondary retesting must occur within 90-days of the Secondary Test examination date.

**B. Failure of Retest**

1. Virginia Examinations

- a. For Virginia cognitive and psychomotor examinations, any failed secondary retest or a secondary retest which is not taken within the allowed 90-day retest period will be considered a failure of the entire testing series. The Candidate will be required to repeat an entire initial basic training program or applicable bridge course before receiving eligibility to initiate a new series of testing.
- b. For purposes of this policy, National Registry cognitive assessment examinations are considered Virginia examinations.

- C. Maximum Allowed Testing Period** – All certification testing series must be completed within twelve (12) months from the date of the primary certification test attempt (e.g. first test date). Failure to complete this process within this twelve (12) month period will require the Candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-219</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>ALS Secondary Retest Policy Guidelines</b>		
Regulatory Authority: <b>12VAC5-31-1530</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. Allowable Secondary Retests

1. Retests may include a cognitive, psychomotor or both depending on the provider's status at the time of testing.
  - a. Advanced Life Support – EMT-Enhanced Student/Candidates
    - i. For students whose course ends prior to the promulgation of the new EMS Rules and Regulations, failing to achieve a minimum passing score on any state administered written and/or practical examinations must retest within 90 days from the Secondary Test examination date.
  - b. Advanced Life Support – EMT-Enhanced Recertification
    - i. Current providers (not those in reentry) whose secondary retest is attempted prior the promulgation of the new EMS Rules and Regulations will be required to take the Virginia written examination for the level being recertified. If there is a secondary retest requirement remaining after the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
    - ii. Secondary retesting must occur within 90-days of the Secondary Test examination date.
  - c. Advanced Life Support – EMT-Enhanced Reentry
    - i. Providers in reentry whose secondary retest is attempted prior the promulgation of the new EMS Rules and Regulations will be required to take the Virginia written examination for the level being recertified. If there is a secondary retest requirement remaining after the promulgation of the new EMS Rules and Regulations and the implementation of the AEMT transition timeline, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.

- ii. Secondary retesting must occur within 90-days of the Secondary Test examination date.
- d. Advanced Life Support – Intermediate Student/Candidates
  - i. Students who initiate National Registry (NREMT) testing prior to December 31, 2013 will follow the NREMT policy.
  - ii. Students who initiate retesting after December 31, 2013 shall:
    - (a) If available, follow the NREMT policy for Intermediate's who initiated testing prior to December 31, 2013.
    - (b) If an NREMT policy is not available, Intermediate candidates must retest within 90-days from the Secondary Test examination date the cognitive and/or psychomotor examination failed.
- e. Advanced Life Support – Intermediate Recertification
  - i. Current providers (not those in reentry) whose secondary retest is attempted prior to December 31, 2013 will be required to take the Virginia written examination for the level being recertified.
  - ii. Current providers (not those in reentry) whose secondary retest is attempted after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
  - iii. Secondary retesting must occur within 90-days of the Secondary Test examination date.
- f. Advanced Life Support – Intermediate Reentry
  - i. Providers in reentry whose secondary retest is attempted prior to December 31, 2013 will be required to take the Virginia written for the level being recertified.
  - ii. Current providers (not those in reentry) whose secondary retest is attempted after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
  - iii. Secondary retesting must occur within 90-days of the Secondary Test examination date.
- g. Advanced Life Support – Paramedic Student/Candidates
  - i. Paramedic candidates will follow the NREMT policy.
- h. Advanced Life Support – Paramedic Recertification
  - i. Current providers (not those in reentry) whose secondary retest is attempted prior to December 31, 2013 will be required to take the Virginia written for the level being recertified.

- ii. Current providers (not those in reentry) whose secondary retest is attempted after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
- iii. Secondary retesting must occur within 90-days of the Secondary Test examination date.
- i. Advanced Life Support – Paramedic Reentry
  - i. Providers in reentry whose secondary retest is attempted prior to December 31, 2013 will be required to take the Virginia written for the level being recertified.
  - ii. Providers in reentry whose secondary retest is attempted after December 31, 2013, the provider will be required to take National Registry cognitive assessment examination for the level being recertified.
  - iii. Secondary retesting must occur within 90-days of the Secondary Test examination date.

**B. Failure of Retest**

1. Virginia Examinations

- a. For Virginia cognitive and psychomotor examinations, any failed secondary retest or a secondary retest which is not taken within the allowed 90-day retest period will be considered a failure of the entire testing series. The Candidate will be required to repeat an entire initial basic training program or applicable bridge course before receiving eligibility to initial a new series of testing.
- b. For purposes of this policy, National Registry cognitive assessment examinations are considered Virginia examinations.

- C. Maximum Allowed Testing Period** – All certification testing series must be completed within twelve (12) months from the date of the primary certification test attempt (e.g. first test date). Failure to complete this process within this twelve (12) month period will require the Candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-220</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Examination Security and Review</b>		
Regulatory Authority: <b>12VAC5-31-1550</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## **A. Examination Security**

### **1. Virginia Examinations**

- a. All EMS examinations and exam materials are the property of the Office of Emergency Medical Services.

### **2. National Registry Examinations**

- a. All National Registry examinations and exam materials are the property of the National Registry. Examination security will follow the National Registry of EMT's policy.

**B. Giving or Obtaining Information Prohibited** - Giving or obtaining information or aid prior to, during or following any exam, as evidenced by direct observation of the state examination administrator(s), subsequent analysis of examination results or other prohibited acts, may be sufficient cause to terminate Candidate participation, to invalidate the results of a Candidate's examination, to take enforcement action against other involved persons, or to take other appropriate action even if there is no evidence of improper conduct by the Candidate. In these cases, the Office reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted.

1. For the purposes of this section the term "secure examination" means any certification test item, question, or test booklet that has not been made publicly available by the Department or the Office.
2. Unauthorized giving or obtaining information will include but not be limited to:
  - a. Giving unauthorized access to secure examination questions.
  - b. Copying or reproducing all or any portion of any secure examination.
  - c. Divulging the contents of any portion of a secure examination.
  - d. Altering candidate's responses in any way.
  - e. Making available any answer keys.
  - f. Retaining a copy of any secure examination or exam materials.

- g. Falsely taking any secure examination, or part thereof, on behalf of another individual.
- h. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.

3. Nothing in this section may be construed to prohibit or restrict the reasonable and necessary actions of the Office in test development or selection, test form construction, standard setting, test scoring and reporting, or any other related activities which, in the judgment of the Office, are necessary and appropriate.

C. **Examination Review Prohibition** - Under no circumstances will secure examination materials be provided to course coordinators/instructors, Operational Medical Directors (OMD), Physician Course Directors (PCD) or candidates for their review.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-222</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Virginia Certification</b>		
Regulatory Authority: <b>12VAC5-31-1580</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Candidates successfully completing all requirements for state certification will be mailed a certificate with attached pocket card. This initial certificate will be free of charge and include the following:
1. Individual's full name.
  2. Individual's current mailing address.
  3. Individual's EMS Certification Number.
  4. Level of certification issued.
  5. Expiration date of the certification issued.



1. Issuance of ALS certifications includes the simultaneous issuance of certification as an Emergency Medical Technician (EMT) for an additional period of two (2) years.
2. Upon failure to renew an ALS certification, the individual will automatically revert to certification at the EMT level.
3. EMT-Enhanced
  - a. Students/Candidates whose initial certification training was conducted in a Virginia approved program, will receive certification for three (3) years.
  - b. Virginia EMS providers who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
  - c. Virginia EMS providers in reentry who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
4. Advanced Emergency Medical Technician
  - a. Students/Candidates whose initial certification training was conducted in a Virginia approved program, will receive certification for three (3) years.
  - b. Virginia EMS providers who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
  - c. Virginia EMS providers in reentry who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
5. Intermediate
  - a. Students/Candidates whose initial certification training was conducted in a Virginia approved program, will receive certification for three (3) years.
  - b. Virginia EMS providers who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
  - c. Virginia EMS providers in reentry who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
6. Paramedic
  - a. Students/Candidates whose initial certification training was conducted in a Virginia approved program, will receive certification for three (3) years.
  - b. Virginia EMS providers who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
  - c. Virginia EMS providers in reentry who have met Virginia recertification requirements will upon application be issued a three (3) year certification.
  - d. Virginia candidates who are challenging Paramedic who have met Virginia requirements will upon application be issued a three (3) year certification.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-226</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Privilege of Certification and Field Practice Authority</b>		
Regulatory Authority: <b>12VAC5-31-1040 and 12VAC5-31-1160</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. In order to function as an EMS provider in the Commonwealth of Virginia, providers must hold a valid certification as issued by the Commissioner.
- B. Certification is a privilege issued by the Office and only verifies an individual's successful fulfillment of the minimum state training standards for the level of certification being issued as established in the State EMS regulations and the *Code of Virginia*. Certification alone does not indicate the individual's ability or authority to perform any specific job tasks or functions. It is the responsibility of the organization that is using the certificate holder to determine the individual's ability to perform any specific job tasks or functions.
- C. Performance of any invasive medical procedure in the field; including but not limited to: intravenous cannulation, medication administration, automated or manual cardiac defibrillation, intubation and or surgical airway procedures; by any individual is only permitted while acting under authority of a state licensed EMS agency and as permitted by the licensed physician serving as the Operational Medical Director (OMD) for that agency.
  1. The practice of prehospital care requires the individual to have the approval of their EMS agency's Operational Medical Director (OMD) while actively participating as a provider with that EMS agency. Extensions of privileges to practice must be on the agency's official stationary or indicated in the agency records which are signed and dated by the OMD.
  2. An individual's EMS agency OMD authorization to practice is valid only when the individual has a current certificate issued by the Office or a license issued by the appropriate Board of the Department of Health Professions as required for the EMS Vehicle personnel position requirement being performed. Each individual is required to possess current EMS certification and/or licensure at or above the level they are to function. There is no grace period on certification or licensure expiration.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-228</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Non-EMS Agency Practice</b>		
Regulatory Authority: <b>12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The state EMS regulations do not address the use of state certified EMS providers to practice in non-EMS agency based medical settings (e.g. hospitals, clinics, home care services, etc.). Any medical practice in these settings is limited to those procedures specifically permitted under the licensure authority of the supervising physician. The field practice of medical procedures by certified EMS providers who are not affiliated with a Virginia Licensed EMS Agency are limited to the provision of basic "first-aid" techniques. The Office considers non-affiliated certificate holders to be in INACTIVE status.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-230</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Falsifying Information</b>		
Regulatory Authority: <b>12VAC5-31-1000</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

Falsification of information submitted to the Office dealing with any application for certification, certification testing and/or continuing education program attendance may result in civil and/or criminal enforcement action as prescribed in the State EMS regulations and the *Code of Virginia*.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-234</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Certification through Reciprocity</b>		
Regulatory Authority: <b>12VAC5-31-1590</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Formal recognition will be granted to applicants holding valid certification from the National Registry of Emergency Medical Technicians (NREMT).
- B. Certification Periods for Reciprocity
  1. Basic Life Support candidates will be issued certification for four (4) years from the latest date in which the applicant received certification from the National Registry.
  2. Advanced Life Support candidates will be issued certification for three (3) years from the latest date in which the applicant received certification from the National Registry.
- C. Application Process
  1. Providers whose initial certification training was conducted in a Virginia approved program will receive automatic processing of their reciprocity application.
  2. Providers whose initial certification training was conducted in a training program outside the purview of the Virginia Office of EMS must submit an application for reciprocity to the Office of EMS. Applicants must:
    - i. Demonstrate that they meet the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
    - ii. Demonstrate a need for certification in Virginia.
    - iii. Demonstrate the applicant is in good standing at the level for which reciprocity is sought from the state in which they last practiced.
    - iv. Submit to the Office:
      - (a) a completed Virginia EMS Training Program Enrollment form
      - (b) copy of National Registry certification
      - (c) copy of current CPR card meeting the requirements outlined in **T-035**.
    - v. **DRAFT:** Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.
      - (a) The NPDB can be accessed through the following URL: <http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp>

- D. Reciprocity may be used only to gain a certification level when the individual does not hold current Virginia certification at that level and the individual is no longer eligible for Reentry in Virginia.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-236</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Legal Recognition EMT Certification</b>		
Regulatory Authority: <b>12VAC5-31-1600</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. A provider holding a valid current (not expired) EMS certification from another state may apply to Virginia for Legal Recognition. Individuals seeking Legal Recognition may be issued Virginia EMT certification for a period of one (1) year or the duration of their current certification; whichever is shorter.

## B. Application Process

1. Applicants submit an application for reciprocity to the Office of EMS. Applicants must:
  - a. Demonstrate that they meet the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
  - b. Demonstrated need for Virginia EMS certification as evidenced by one of the following:
    - i. Affiliation with a licensed Virginia EMS Agency
    - ii. Residency in the Commonwealth
    - iii. Enrollment in a training program which requires EMT certification as a prerequisite
    - iv. Other recognized need as requested by the applicant and approved by the Office
  - c. Demonstrate the applicant is in good standing at the level for which Legal Recognition is sought from the state in which they last practiced.
  - d. Submit to the Office:
    - i. a completed "Virginia EMS Training Program Enrollment" form
    - ii. copy of the candidate's current state issued EMS certification
    - iii. copy of current CPR card meeting the requirements outlined in **T-035**.
    - iv. **DRAFT:** Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.
 

(a) The NPDB can be accessed through the following URL: <http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp>

- C. Legal Recognition may be used only to gain a certification level when the individual does not hold current Virginia certification at that level and the individual is no longer eligible for Reentry in Virginia.
- D. Legal Recognition is currently available for issuance of Virginia EMT certification based upon the following certifications:
  - 1. EMT-Basic certification issued by any other state or U.S. territory.
  - 2. EMT-Intermediate/85 certification issued by the National Registry of EMTs.
  - 3. Any Emergency Medical Services Advanced Life Support level certification issued by any other state or U.S. territory.
- E. Legal Recognition is not currently offered at the Emergency Medical Responder/First Responder or any Advanced Life Support level.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-238</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Equivalency Challenge Certification</b>		
Regulatory Authority: <b>12VAC5-31-1610</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Virginia Licensed Registered Nurses, Nurse Practitioners, Practical Nurses, Physician Assistants, Military Corpsmen, Dentists, Chiropractors and 3<sup>rd</sup> or 4<sup>th</sup> year Medical Students may request to challenge for full certification based on their previous training and experience upon completion of the following:
1. Demonstration that the applicant meets the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
  2. Demonstration of residency or a need for certification in Virginia.
    - a. Submit to the Office:
      - i. a completed "Virginia EMS Training Program Enrollment" form
      - ii. submission of copies of licensure/certificates issued by the Virginia Department of Health Professions, the respective military branch or other evidence of the course of training completed to the Office.
      - iii. copy of current CPR card meeting the requirements outlined in **T-035**.
      - iv. **DRAFT:** Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.
 

(a) The NPDB can be accessed through the following URL: <http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp>
  3. Completion of the requirements of Section **T-202** and all applicable subsequent sections.
  4. Equivalency may be used only to gain a certification level when an individual does not hold current Virginia certification and the individual is no longer eligible for Reentry.
- B. Approved applicants for Equivalency Challenge at the EMT level must:
1. Complete the required 36-hour EMT recertification requirements as verified by submission of continuing education (CE) to the Office
  2. Receive Letter of Eligibility to Test from the Office
  3. Successful completion of the written and practical exams per **T-202**.



- C. Physician Assistants, Nurse Practitioners, Dentists, Chiropractors and 3<sup>rd</sup> or 4<sup>th</sup> year Medical Students, based on prior education and experience may receive Virginia endorsement to sit for the National Registry cognitive and psychomotor Paramedic examinations upon completion of the requirements of **T-640** or **T-660** as applicable.
- D. The Office may also authorize other individuals holding licensure at a level deemed equivalent to those listed above to seek certification through equivalency.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-240</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Provider Certification Reentry Program</b>		
Regulatory Authority: <b>12VAC5-31-1620</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Reentry Period Allowed** - Individuals whose provider level certification has expired may regain full certification through completion of the reentry program within two (2) years of expiration date of the level for which reentry is being sought. To reenter the person must fulfill the requirements of Section **T-206** including successfully pass all required testing within the two (2) year reentry period.
- B. **Reentry Period Expiration** - Individuals failing to complete the reentry process by the end of the two (2) year period following expiration will be required to successfully complete a full basic training program and all required testing before certification may be regained at this level.
1. Individuals who have relocated outside Virginia for a minimum of two (2) years during which time their eligibility to seek recertification through reentry has expired, and have maintained certification from another certifying body, may seek certification through Sections **T-234** or **T-236**, as applicable.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-242</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Voluntary Inactivation of Certification</b>		
Regulatory Authority: <b>12VAC5-31-1630</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

A. **Inactivation of Certification** - Requests from providers desiring to permanently surrender or downgrade their current certification on a voluntary basis will not be processed except upon verification of their ineligibility for continued certification under these state EMS regulations (e.g.: criminal conviction, permanent disability, etc.).

1. Any provider holding a current EMS certification who is affiliated with a licensed EMS agency and no longer wishes to practice at their current level of certification; may request to have their certification placed in INACTIVE status by the Office.
  - a. Requests for INACTIVE status will require a minimum INACTIVE period of one hundred eighty (180) days during which time requests for reinstatement to ACTIVE status will not be allowed.
2. A form provided by the Office must be used to make written notice to; and verify acknowledgment by; the provider's EMS agency OMD(s) of the provider's intent to seek INACTIVE status. OMD acknowledgment is required for all EMS agency affiliations.
  - a. OMD acknowledgment is required only to verify that the EMS agency's OMD has been informed of the provider's request and does not represent the OMDs agreement or disagreement with the provider's decision to seek INACTIVE status.
3. Upon approval of the acknowledged requests, the provider will no longer be authorized to perform any procedure that requires EMS certification at the INACTIVE level under state EMS regulations. INACTIVE status does not however prohibit the provider from participation in continuing education programs for award of CE credit at an INACTIVE level.
  - a. If the certification placed into INACTIVE status is an advanced life support or instructor level, the provider's certification will revert to the EMT-Basic level for the remainder of the INACTIVE certification period plus the two (2) additional years routinely provided with ALS certifications. Requests for transfer to a lower level of advanced life support certification will not be accepted; however a provider may

choose to certify at a lower level upon completion of the recertification requirements for the level.

- b. If the certification placed into INACTIVE status is a basic life support level, the provider will be considered as holding no current state EMS certification. Requests for transfer down from EMT certification to the EMS First Responder level will not be accepted, however a provider may choose to certify down to that level upon completion of the recertification requirements for EMS First Responder.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-244</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Reinstatement of Inactive Certification</b>		
Regulatory Authority: <b>12VAC5-31-1630</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

- A. Any provider whose certification has been placed in INACTIVE status by the Office may request REINSTATEMENT of the INACTIVE certification using a form provided for this purpose after a minimum period of one hundred eighty (180) days.
1. Reinstatement of certification to ACTIVE status will require the approval of the OMD of the provider's licensed EMS agency before being processed by the Office. OMD approval is required for all EMS agency affiliations.
  2. Approval for reinstatement of the provider's certification to ACTIVE status; will not obligate any EMS agency to authorize the provider to practice at the reinstated level.
  3. Reinstatement of an INACTIVE certification will not be processed if the involved provider is not currently affiliated with a licensed EMS agency unless evidence is presented in writing from a licensed EMS agency demonstrating a need for current EMS certification as a condition of future employment or membership.



## Section 3

### EMS Training Funds Program

Policy #	Title	Last Revision Date
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	<a href="#">Click here</a> to see the EMS Training Funds Administration Manual.	7/01/2012
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## Section 4

### Provider Continuing Education and Recertification

Policy #	Title	Last Revision Date
T-400	EMS Provider Recertification Required	7/01/2012
T-405	Recertification Eligibility Notice	7/01/2012
T-410	Documentation of Continuing Education	7/01/2012

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-400</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMS Provider Recertification Required</b>		
Regulatory Authority: <b>12VAC5-31-1490 and 12VAC5-31-1640</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. **Recertification Required** - Each individual holding EMS certification must recertify their Virginia credentials in order to continue to practice as an EMS provider in Virginia. Recertification of EMS credentials requires each individual to complete a continuing education (CE) program(s) approved by the Office and fulfill the recertification process specified in Section **T-206**. CE programs will be assigned credit hours by the Office for each certification level as specified in Section B below.

1. Each provider is personally responsible for the accumulation and accurate timely reporting of continuing education program attendance to fulfill the requirements of Section **T-206** before expiration of an applicable certification or reentry period. Failure on the part of provider, other individuals or Course Coordinators to submit the necessary continuing education attendance records to the Office in a timely manner will not relieve the provider from these requirements nor be used as the sole grounds for seeking a Variance from state EMS regulations.

## **B. Continuing Education Requirements**

1. The Office will determine the continuing education hour requirements for each certification level through consultation with the State EMS Advisory Board.
  - a. Listings of the continuing education credit hour requirements for each certification level will be published by the Office and be made available to each individual provider.
2. Continuing education (CE) hours may be obtained either in a single program or any number of separate courses meeting the hour requirements for recertification of the specified certification level.
3. All continuing education (CE) documentation must be received in the Office prior to the provider's expiration date to prevent lapsing into reentry.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-405</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Recertification Eligibility Notice</b>		
Regulatory Authority: <b>12VAC5-31-1690</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Recertification Eligibility Notice** - Upon fulfilling the required continuing education credit hours for a specified certification level, the Office will provide in the EMS Portal a Recertification Eligibility Notice.
1. Unless the recertification requirements specified by the Office are revised, a Recertification Eligibility Notice, will remain valid until expiration of the full current certification period for the level indicated and/or the applicable two-year reentry period.
- B. **Recertification Eligibility Notice Status** - Recertification Eligibility Notices include:
1. Recertification by Continuing Education - Issued to providers who have completed all continuing education requirements for recertification prior to the expiration of their current certification level.
  2. Recertification by Reentry - Issued to providers whose certification has expired and who have completed all continuing education (CE) requirements for recertification.
    - a. CE earned prior to certification expiration will be allowed to count toward the recertification requirements.
  3. Recertification by Legal Recognition - Issued to providers who obtained Virginia certification based upon Legal Recognition.
    - a. If a provider in Legal Recognition lets their certification expire, they will automatically enter the Virginia reentry program.
- C. All providers receiving a "Recertification Eligibility Notice" are required to satisfy the testing requirements of **T-202 and T-203**, as applicable, to complete recertification.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-410</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Documentation of Continuing Education</b>		
Regulatory Authority: <b>12VAC5-31-1680</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Credited Course - Continuing education credit is only awarded to courses announced to the Office on the Course Approval Request form prior to the course being conducted per Section **T-020** and other programs approved by the Office for award of CE through Category 3.
  1. A limited number of “other” programs may qualify for award of continuing education credits at the discretion of the Office. These programs include those conducted with approval from the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS – [www.cecbems.org](http://www.cecbems.org)).
  - a. Approval of “other” programs will follow guidelines established by the Office through consultation with the State EMS Advisory Board.
- B. Continuing Education Credit - Award of credit for completion of a continuing education program will require that continuing education data be submitted in an Office approved format. All continuing education (CE) documentation must be received in the Office prior to the provider’s expiration date to prevent lapsing into reentry.
- C. Continuing Education Documentation - The Office maintains a database for tracking the submission and award of continuing education credit hours for each provider. Only those continuing education hours accurately submitted and recorded by the Office will be counted toward fulfillment of a provider’s requirements for recertification.
  1. The Office is not responsible for information contained in this database caused by inaccurate or incomplete submission of continuing education program attendance records, nor for the failure of the provider or any Course Coordinator to submit the records as required by state EMS regulations.
- D. Continuing Education Reports - The Office makes continuing education reports available to providers and licensed EMS agencies through the EMS Portal.

## Basic Life Support Training Programs

Policy #	Title	Last Revision Date
T-500	Basic Life Support Course Standards	7/01/2012
T-505	Emergency Medical Responder Certification Program Description	7/01/2012
T-510	Emergency Medical Responder/First Responder Program Length	7/01/2012
T-515	Emergency Medical Responder/First Responder Certification Examinations	7/01/2012
T-520	EMS First Responder Bridge Process Description	7/01/2012
T-525	EMS First Responder Bridge Process Length	7/01/2012
T-530	EMS First Responder Bridge Attendance Requirements	7/01/2012
T-535	Prerequisites for Enrollment in EMS First Responder Bridge	7/01/2012
T-540	EMS First Responder Bridge Certification Examinations	7/01/2012
T-545	EMS First Responder Bridge Final Certification	7/01/2012
T-550	Emergency Medical Technician Certification Program Description	7/01/2012
T-555	Emergency Medical Technician Program Length	7/01/2012
T-560	Emergency Medical Technician Program Certification Examinations	7/01/2012
T-565	Emergency Medical Technician Advanced Clinical Skills Programs	7/01/2012
T-570	VEMSES EMS Operations Distance Education Options	7/01/2012

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-500</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Basic Life Support Course Standards</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Completion Standards** – The successful student shall be entry level competent and able to perform all the requirements of the Atlantic EMS Council BLS Functional Job Description as published by the Office of EMS.
- B. **Initial Certification Program** - Students must complete a minimum of eighty five percent (85%) of the didactic and lab aspects of the course.
- C. **Clinical Behavior/Judgment**
  1. Attendance Requirements
    - a. At a minimum, students must successfully complete the clinical/field requirements as outlined by the Office of EMS for the certification level sought.
    - b. Students must complete 100% of clinical/field requirements (in excess of state requirements) as outlined by their program.
  2. Hospital/Clinical Experience (optional)
    - a. If a hospital/clinical experience is used, the student must:
      - i. All hospital/clinical rotation requirements must be met in a precepted setting as defined by the Office under the supervision of the program's Physician Course Director.
      - ii. have access to and interact with patients in each clinical setting as defined by the Office.
  3. Field Experience
    - a. All field requirements must be met in a precepted field setting as defined by the Office under the supervision of the program's Physician Course Director.
    - b. The student shall:
      - i. comply with the minimum number of contact hours for the field setting as defined by the Office.
      - ii. have access to and interact with patients in each field setting as defined by the Office.
      - i. comply with the minimum number of Field Team Leader (FTL) calls as defined by

the Office.

- c. The field internship must occur following the completion of the didactic and lab phases of the program to assure that the student has achieved the desired didactic and psychomotor competencies defined in Virginia EMS Education Standards. Some didactic material may be taught concurrent with the field internship.
- d. Use of skill workshops, scenarios, and/or research papers will not substitute for missed clinical rotations.

- D. **Domain Expectations** - Students must demonstrate competency in all affective, cognitive and psychomotor domains for successful completion of the program.
- E. **Didactic Additions to the Curriculum** – Certification programs are expected to meet the requirements as outline in the Virginia EMS Education Standards for the level being trained. Lesson material can be added to the core curriculum only as approved by the Physician Course Director.
- F. **Recertification Program** – Each student must complete all continuing education hour requirements as specified by the Office.



# TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-505</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Emergency Medical Responder Certification Program Description</b>		
Regulatory Authority: <b>12VAC5-31-1310, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The Emergency Medical Responder's scope of practice includes simple skills focused on lifesaving interventions for critical patients. Typically, the Emergency Medical Responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, Emergency Medical Responders provide a mechanism to increase the likelihood that trained personnel and lifesaving equipment can be rapidly deployed to serious emergencies. In all cases, Emergency Medical Responders are part of a tiered response system. Emergency Medical Responders work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Emergency Medical Responder's scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the Emergency Medical Responder provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

The scope of practice model of an EMR is limited to simple skills that are effective and can be performed safely in an out-of- hospital setting with medical oversight.

After initiating care, the Emergency Medical Responder transfers care to higher level personnel. The Emergency Medical Responder serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.

- A. **Performance Standards** - Upon successful completion of the training program, the student will be capable of performing the following functions:
1. Recognize the nature and seriousness of a patient's medical condition or injuries to assess the need for emergency medical care.

2. Administer appropriate emergency medical care to stabilize the patient's condition until the arrival of higher trained individuals.
3. Lift, move, position and otherwise handle the patient in a way as to minimize discomfort and further injury.

- B. **Course Content** - The Emergency Medical Responder/First Responder course content is detailed in the Virginia EMS Education Standards.
- C. **Scope of Practice** - The Emergency Medical Responder/First Responder will be trained and proficient in the procedures and medications outlined in the Virginia Scope of Practice. Reference **T-200**.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-510</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Emergency Medical Responder/First Responder Program Length</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. Initial Certification Program

1. **Didactic** - The Emergency Medical Responder/First Responder initial certification program consists of a minimum of 63 hours of didactic and lab instruction.
2. **Clinical Behavior/Judgment** - Clinical rotations are not required of the Emergency Medical Responder/First Responder student in initial or recertification courses.

## B. Recertification Education

1. The Emergency Medical Responder/First Responder recertification will consist of a minimum number of continuing education (CE) hours as outlined by the Office of EMS. Refer to **T-206**.





# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-515</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Emergency Medical Responder/First Responder Certification Examinations</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Psychomotor Examination Stations** - Candidates taking the Emergency Medical Responder/First Responder practical examination will complete the following stations:
1. Trauma Emergencies
  2. Random Skill
- B. **Cognitive Examination** – For a description of the Emergency Medical Responder/First Responder examination, see **T-202**.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-520</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMS First Responder Bridge Process Description</b>		
Regulatory Authority: <b>12VAC5-31-1310, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The EMS First Responder Bridge training process is not a separate course of instruction but rather a method for a currently certified EMS First Responder to gain certification at the Emergency Medical Technician level through completion of selected components of the full EMT training curriculum.

### A. National Standard Curriculum (NSC)

1. NSC based programs must end on or before June 30, 2012.
2. Course Topics - The EMS First Responder Bridge curriculum will be based upon the U.S. Department of Transportation National Standard Curriculum for the EMT-Basic and the bridge program curriculum approved by the Office.
3. Skills Proficiency - With regard to equipment and materials, the student completing the EMS First Responder Bridge training program will be trained and proficient in all skills described in the U.S. Department of Transportation National Standard Curriculum for the EMT-Basic approved by the Office. (See the "Emergency Medical Services Procedure and Medication Schedule" for specific essential and allowed optional skills for this certification level, if applicable.) **(See T-200)**

### B. Virginia EMS Education Standards (VEMSES)

1. Due to the significant differences in the cognitive and psychomotor domains there will be no Emergency Medical Responder bridge to Emergency Medical Technician program.
2. Emergency Medical Responder/First Responder providers seeking to become an Emergency Medical Technician (EMT) shall attend an entire VEMSES based EMT program.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-525</b>	Page: 1	of: 1
Title: <b>EMS First Responder Bridge Process Length</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

### A. National Standard Curriculum

1. NSC based programs must end on or before June 30, 2012.
2. The EMS First Responder Bridge curriculum will be the U. S. Department of Transportation National Standard Curriculum for the EMT-Basic (1994 edition) or a bridge program derived from this curriculum approved by the Office.
3. The EMS First Responder Bridge program must minimally adhere to the U. S. Department of Transportation National Standard Curriculum for the EMT-Basic (1994 edition) and any additions, deletions or other modifications approved by the Office.
4. Didactic - The EMS First Responder Bridge program will involve a minimum of 80 hours of classroom instruction (lecture and practical skills instruction).
5. Clinical/Field Rotations - The EMS First Responder Bridge program will involve a Clinical/Field Rotation as outlined in Section **T-555** for all EMT students.

### B. Virginia EMS Education Standards

1. Due to the significant differences in the cognitive and psychomotor domains there will be no Emergency Medical Responder bridge to Emergency Medical Technician program.
2. Emergency Medical Responder/First Responder providers seeking to become an Emergency Medical Technician (EMT) shall attend an entire VEMSES based EMT program.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-530</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMS First Responder Bridge Attendance Requirements</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. National Standard Curriculum

1. NSC based programs must end on or before June 30, 2012.
2. Attendance - EMS First Responders attending an EMT-Basic course must be present for a minimum of eighty five percent (85%) of the required didactic and practical aspects of the Bridge program. However, failure to be present and successfully fulfill all skill and knowledge evaluations may still prohibit a student from course completion.
3. Program Length - EMS First Responders attending an EMT-Basic course may be required to attend more class hours than the minimum number listed in the program outline due to variation in individual EMT course scheduling and order of presentations.

## B. Virginia EMS Education Standards

1. Due to the significant differences in the cognitive and psychomotor domains there will be no Emergency Medical Responder bridge to Emergency Medical Technician program.
2. Emergency Medical Responder/First Responder providers seeking to become an Emergency Medical Technician (EMT) shall attend an entire VEMSES based EMT program.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-535</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Prerequisites for Enrollment in EMS First Responder Bridge</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. National Standard Curriculum

1. NSC based programs must end on or before June 30, 2012.
2. **Prerequisites** - Students must meet all requirements set forth in **12VAC5-31-1450**.
3. **Current Certification Required** – Hold current certification as an EMS First Responder issued by the Office.
4. **Course Enrollment** - Acceptance into an Emergency Medical Technician course by the Course Coordinator.

## B. Virginia EMS Education Standards

1. Due to the significant differences in the cognitive and psychomotor domains there will be no Emergency Medical Responder bridge to Emergency Medical Technician program.
2. Emergency Medical Responder/First Responder providers seeking to become an Emergency Medical Technician (EMT) shall attend an entire VEMSES based EMT program.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-540</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMS First Responder Bridge Certification Examinations</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. National Standard Curriculum

1. NSC based programs must end on or before June 30, 2012.
2. Practical Examination - Candidates completing the EMS First Responder Bridge program must complete the current Emergency Medical Technician practical examination created and administered by the Office.
3. Written Examinations - Candidates completing the EMS First Responder Bridge program must complete all sections of the current Emergency Medical Technician written examination created and administered by the Office.

## B. Virginia EMS Education Standards

1. Due to the significant differences in the cognitive and psychomotor domains there will be no Emergency Medical Responder bridge to Emergency Medical Technician program.
2. Emergency Medical Responder/First Responder providers seeking to become an Emergency Medical Technician (EMT) shall attend an entire VEMSES based EMT program.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-545</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMS First Responder Bridge Final Certification</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## A. National Standard Curriculum

1. NSC based programs must end on or before June 30, 2012.
2. Following successful completion of testing, certification as an Emergency Medical Technician will be issued for a period of four years from the month of issuance. Upon certification, all standards and recertification requirements for Candidates completing the full initial Emergency Medical Technician training program will apply.

## B. Virginia EMS Education Standards

1. Due to the significant differences in the cognitive and psychomotor domains there will be no Emergency Medical Responder bridge to Emergency Medical Technician program.
2. Emergency Medical Responder/First Responder providers seeking to become an Emergency Medical Technician (EMT) shall attend an entire VEMSES based EMT program.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-550</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Emergency Medical Technician Certification Program Description</b>		
Regulatory Authority: <b>12VAC5-31-1310, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The Emergency Medical Technician's scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In many communities Emergency Medical Technicians provide a large portion of the out-of-hospital care. In some jurisdictions, especially rural areas, Emergency Medical Technicians provide the highest level of out-of-hospital care. Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

Emergency Medical Technicians' scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings.

Additionally, Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

An Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Emergency Medical Technician has the knowledge of, and is expected to be competent in, all of the skills of the EMR. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

The Emergency Medical Technician level is the minimum certification level for personnel transporting patients in ambulances. The scope of practice is limited to basic skills that are



effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Emergency Medical Technician serves as part of an EMS response system, assuring a progressive increase in the level of assessment and care. The Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

- A. **Performance Standards** - Upon successful completion of the training program, the student will be capable of performing the following functions:
  - 1. Recognize the nature and seriousness of the patient's condition or extent of their injuries to assess requirements for emergency care.
  - 2. Administer appropriate emergency care to stabilize the patient's condition.
  - 3. Lift, move, position and otherwise handle the patient in a way as to minimize discomfort and further injury.
- B. **Course Content** - The Emergency Medical Technician course content is detailed in the Virginia EMS Education Standards.
- C. **Scope of Practice** - The Emergency Medical Technician will be trained and proficient in the procedures and medications outlined in the Virginia Scope of Practice. Reference **T-200**.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-555</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Emergency Medical Technician Program Length</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## **A. Initial Certification Program**

1. **Didactic** - The Emergency Medical Technician initial certification program consists of a minimum of 154 hours of didactic and lab instruction.
  2. **Clinical Behavior/Judgment** – Students are required to comply with the VEMSES standards for this section, which at a minimum shall be 10 contact hours.
    - a. Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.
    - b. Students must participate in and document patient contacts in a field experience approved by the Medical Director and Course Coordinator.
      - i. Students must perform 10 patient assessments
        - (a) A minimum of five (5) patient assessments must be performed on live patients. These should be performed on an ambulance or in an emergency department or may be completed in a clinic, nursing home, doctor's office, etc.
        - (b) No more than five of the required 10 patient assessments may be performed on standardized programmed patients or advanced simulation mannequins.
        - (c) Standardized Program Patients is defined as:
          - (i) The use of individuals trained to portray the roles of patients, family members or others to allow students to practice physical exam skills, history taking skills, communication skills and other exercises.
1. Experiential Learning with a Standardized Patient
    - a. Standardized Patient (SP) is a person carefully recruited and trained to take on the characteristics of a real patient thereby affording the student an opportunity to learn and to be evaluated on learned skills in a simulated clinical environment.
      - i. During an interaction with a student the SP may:
        - ii. present case history in response to questioning by the student

- iii. undergo a limited physical examination at the student's direction
- iv. assist students in developing their communication and clinical skills
- v. assist students in working through difficult emotional situations in a safe environment

(d) Advanced Simulation Manikins are defined as:

- (i) A realistic interactive training manikin for simulating a wide range of advanced life saving skills in medical emergencies.
- (ii) Meeting the following minimum specifications as defines by the Medical Direction Committee on January 19, 2005:
  - 1. 12 pulse points
  - 2. Advanced IV arm
  - 3. Bilateral Tension Pneumothorax
  - 4. Oral and nasal intubation
  - 5. Tongue edema and laryngospasm
  - 6. Cricothyrotomy
  - 7. 4 lead ECG monitoring and defib
  - 8. CPR with difibrillation
  - 9. Upper teeth break out
  - 10. Inflation of pulses and pneumothorax
  - 11. Bilateral chest tube insertion with simulated fluid discharge
  - 12. IM injection site on deltoid
  - 13. Left and right lungs and stomach that distends
  - 14. Heart and lung sounds selection
  - 15. Variable blood pressures

## **B. Recertification Education**

- 1. The Emergency Medical Technician recertification will consist of a minimum number of continuing education (CE) hours as outlined by the Office of EMS. Refer to **T-206**.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-560</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Emergency Medical Technician Program Certification Examinations</b>		
Regulatory Authority: <b>12VAC5-31-1310</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Psychomotor Examination Stations** - Candidates taking the Emergency Medical Technician examination will complete the following stations:
1. Trauma Emergencies
  2. Medical Emergencies
  3. Random Skill
- B. **Cognitive Examination** – For a description of the Emergency Medical Technician examination, see **T-202**.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-565</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Emergency Medical Technician Advanced Clinical Skills Programs</b>		
Regulatory Authority: <b>12VAC5-31-1310, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. This policy has been rescinded.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-570</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>VEMSES EMS Operations Distance Education Options</b>		
Regulatory Authority: <b>12VAC5-31-1310, 12VAC5-31-1040</b>		
Date of Issue: <b>June 1, 2012</b>	Effective Date: <b>July 1, 2012</b>	

Certified Emergency Medical Technician Instructors teaching initial certification courses for Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) programs may opt to allow certain EMS Operations content to be completed through the following distance education methods. Only the methods/modalities listed below may substitute for classroom lecture of this material.

<b>VEMSES Content Area</b>	<b>Approved Distance Education Alternative</b>	<b>Required Hours</b>
Principles of Safely Operating a Ground Ambulance	None. Instructor shall use an appropriate textbook/lecture.	0.5
Incident Management	<p>EMT Instructors can accept the following FEMA certificates in lieu of teaching Incident Management in an EMT course:</p> <ul style="list-style-type: none"> <li>• IS-100,</li> <li>• IS-200,</li> <li>• IS-700, and</li> <li>• IS-800</li> </ul> <p>FEMA links are as follows:</p> <p><a href="http://training.fema.gov/IS/crslist.asp?page=all">http://training.fema.gov/IS/crslist.asp?page=all</a></p> <ul style="list-style-type: none"> <li>• IS-100.b—Introduction to Incident Command System—3 hours including exam                             <ul style="list-style-type: none"> <li>◦ <a href="http://training.fema.gov/EMIWeb/IS/IS100b.asp">http://training.fema.gov/EMIWeb/IS/IS100b.asp</a></li> </ul> </li> <li>• IS-200.b—ICS for Single Resources and Initial Action Incidents—3 hours (requires IS-100 and 700.a)                             <ul style="list-style-type: none"> <li>◦ <a href="http://training.fema.gov/EMIWeb/IS/IS200b.asp">http://training.fema.gov/EMIWeb/IS/IS200b.asp</a></li> </ul> </li> <li>• IS-700.a—ICS for Single Resources and Initial Action Incidents—3 hours                             <ul style="list-style-type: none"> <li>◦ <a href="http://training.fema.gov/EMIWeb/IS/is700a.asp">http://training.fema.gov/EMIWeb/IS/is700a.asp</a></li> </ul> </li> <li>• IS-800.b—An Introduction to National Response Framework— 3 hours                             <ul style="list-style-type: none"> <li>◦ <a href="http://training.fema.gov/EMIWeb/IS/IS800b.asp">http://training.fema.gov/EMIWeb/IS/IS800b.asp</a></li> </ul> </li> </ul> <p>No other online substitutions are allowed for FEMA content.</p>	12

Multiple Casualty Incidents	None. Instructor shall use Virginia MCI Module I lecture.	4
Air Medical	None. Instructor shall use an appropriate textbook/lecture.	0.5
Vehicle Extrication	None. Instructor shall use an appropriate textbook/lecture.	1
Hazardous Materials Awareness  Mass Casualty Incidents due to Terrorism and Disaster	<p>EMT Instructors can accept the following Texas Engineering Extension Service (TEEX) certificate in lieu of teaching in Mass Casualty Incidents due to Terrorism and Disaster an EMT course:</p> <ul style="list-style-type: none"> <li>• ARW-160,</li> </ul> <p>TEEX link is as follows:</p> <p><a href="http://www.teex.com/teex.cfm?pageid=training&amp;templateid=14&amp;area=teex&amp;browse=201">http://www.teex.com/teex.cfm?pageid=training&amp;templateid=14&amp;area=teex&amp;browse=201</a></p> <ul style="list-style-type: none"> <li>• AWR160—Introduction to Hazardous Materials—10 hours including exam <ul style="list-style-type: none"> <li>◦ <a href="http://www.teex.com/teex.cfm?pageid=training&amp;area=teex&amp;Division=ESTI&amp;Course=AWR160&amp;templateid=14&amp;navdiv=ESTI&amp;online=true">http://www.teex.com/teex.cfm?pageid=training&amp;area=teex&amp;Division=ESTI&amp;Course=AWR160&amp;templateid=14&amp;navdiv=ESTI&amp;online=true</a></li> </ul> </li> </ul> <p>No other online substitutions are allowed for TEEX content.</p> <hr/> <p>EMT Instructors can accept the following FEMA certificates in lieu of teaching Incident Management in an EMT course:</p> <ul style="list-style-type: none"> <li>• IS-5,</li> </ul> <p>FEMA link is as follows:</p> <p><a href="http://training.fema.gov/IS/crslist.asp?page=all">http://training.fema.gov/IS/crslist.asp?page=all</a></p> <ul style="list-style-type: none"> <li>• IS-5.a—Introduction to Hazardous Materials—10 hours including exam <ul style="list-style-type: none"> <li>◦ <a href="http://training.fema.gov/EMIWeb/IS/IS5.asp">http://training.fema.gov/EMIWeb/IS/IS5.asp</a></li> </ul> </li> </ul> <p>If taken in lieu of the TEEX course, this course satisfies Hazardous Materials Awareness requirement only.</p>	4

External links are valid as of the date of this document. The Office of EMS cannot ensure that 3rd party links will not change.



## Section 6

### Advanced Life Support Training Programs

Policy #	Title	Last Revision Date
T-600	Authorized Advanced Life Support Certification Courses	7/01/2012
T-605	Advanced Life Support Course Standards	7/01/2012
T-610	Authorized Transitional ALS Certification Courses	7/01/2012
T-615	Authorized Transitional ALS Certification Course Descriptions	7/01/2012
T-620	EMT-Enhanced Certification Program Description	7/01/2012
T-625	Intermediate Certification Program Description	7/01/2012
T-630	Paramedic Certification Program Description	7/01/2012
T-635	Authorized Advanced Life Support Bridge Courses	7/01/2012
T-640	Registered Nurse to EMT-Paramedic Bridge Prerequisites	7/01/2012
T-645	Registered Nurse to Paramedic Bridge Curriculum	7/01/2012
T-650	Advanced Life Support Course Standards	7/01/2012
T-655	Advanced Life Support Program Length	7/01/2012
T-660	NREMT Paramedic Endorsements	7/01/2012



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-600</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Authorized Advanced Life Support Certification Courses</b>		
Regulatory Authority: <b>12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. There will be three (3) Advanced Life Support training programs authorized for issuance of certification in Virginia. These training programs are:
1. EMT-Enhanced
    - a. Following the promulgation of the new EMS Rules and Regulations, the Office will publish a transition timeline for phasing out the EMT-Enhanced certification level and the introduction of the new Advanced Emergency Medical Technician (AEMT) VEMSES based certification program.
  2. Intermediate
  3. Paramedic
- B. Effective July 1, 2012 all initial certification programs leading to initial Advanced Life Support certification approved for instruction by the Office must utilize the:
1. Virginia Standard Curriculum for the EMT Enhanced
  2. Virginia EMS Education Standards (VEMSES) for the Advanced Emergency Medical Technician (AEMT), Intermediate or Paramedic certification levels.



- i. comply with the minimum number of Field Team Leader (FTL) calls as defined by the Office.
  - c. The field internship must occur following the completion of the didactic and clinical phases of the program to assure that the student has achieved the desired didactic and clinical competencies of the curriculum. Some didactic material may be taught concurrent with the field internship.
  - d. Use of skill workshops, scenarios, and/or research papers will not substitute for missed clinical rotations.
  - e. Use of training manikin practice may not substitute for performance of skills involving actual patients in a clinical setting except as allowed by the Office.
- D. **Domain Expectations** - Students must demonstrate competency in all affective, cognitive and psychomotor domains for successful completion of the program.
- E. **Didactic Additions to the Curriculum** – Certification programs are expected to meet the requirements as outline in the Virginia EMS Education Standards for the level being trained. Lesson material can be added to the core curriculum only as approved by the Physician Course Director.
- F. **Recertification Program** – ALS recertification will consist of a minimum number of continuing education (CE) hours as outlined by the Office of EMS. Refer to **T-206**.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-610</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Authorized Transitional ALS Certification Courses</b>		
Regulatory Authority: <b>12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. This policy has been rescinded.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-615</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Authorized Transitional ALS Certification Course Descriptions</b>		
Regulatory Authority: <b>12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. This policy has been rescinded.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-620</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMT-Enhanced Certification Program Description</b>		
Regulatory Authority: <b>12VAC5-31-1320, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The EMT-Enhanced certification level allows use of specified ALS knowledge and skills in areas of the state that do not have the capability or desire to provide EMT-Intermediate or EMT-Paramedic level care or who desire to train personnel to supplement the practice of higher trained personnel. The course provides training for certified EMTs and prepares them to function in an emergency medical situation by providing the basic knowledge and understanding of Advanced Life Support decision making and the appropriate use of limited ALS skills.

### A. Initial Certification Program

1. Didactic - The Intermediate initial certification program consists of a minimum of 102 hours of didactic and lab instruction.
2. Clinical Behavior/Judgment - The Intermediate initial certification program consists of a minimum of 48 hours of clinical/field rotations.

- B. The EMT-Enhanced curriculum will be the Virginia Standard Curriculum for the EMT-Enhanced (2001 edition) as approved by the Office.
- C. The EMT-Enhanced course will be based upon lessons and objectives derived from the U. S. Department of Transportation National Standard Curriculum for the EMT-Intermediate (1999 edition) and any additions, deletions or other modifications approved by the Office.
- D. Certification for the EMT-Enhanced course will be awarded upon successful completion of written and practical examinations created and administered by the Office.
- E. **Skills Proficiency** - With regard to equipment and materials, the EMT-Enhanced will be trained and proficient in all skills described in the Virginia Standard Curriculum for the EMT-Enhanced (2001 edition) approved by the Office. (See the "Emergency Medical Services Procedure and Medication Schedule" for specific essential and allowed optional skills for this certification level, if applicable.) **(See T-200)**
- F. EMT-Enhanced certification practical testing will follow the NREMT practical testing guidelines and will included the following practical stations:

1. Patient Assessment - Trauma
2. Patient Assessment – Medical
3. Dual Lumen Airway Device (Combitube®, King Airway or PTL®)
4. Intravenous and IV Bolus Medication Therapy

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-625</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Intermediate Certification Program Description</b>		
Regulatory Authority: <b>12VAC5-31-1320, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The Intermediate certification level allows use of specified ALS knowledge and skills in areas of the state that do not have the capability or desire to provide Paramedic level care or who desire to train personnel to supplement the practice of higher trained personnel. The course provides training for certified EMTs and prepares them to function in an emergency medical situation by providing the basic knowledge and understanding of Advanced Life Support decision making and the appropriate use of ALS skills.

## A. Initial Certification Program

1. **Didactic** - The Intermediate initial certification program consists of a minimum of 204 hours of didactic and lab instruction.
2. **Clinical Behavior/Judgment** - The Intermediate initial certification program consists of a minimum of 68 hours of clinical/field rotations.

## B. National Standard Curriculum

1. For courses ending prior to July 1, 2012, the Intermediate curriculum will be the U. S. Department of Transportation National Standard Curriculum for the Intermediate (1999 edition) or a bridge program curriculum approved by the Office.

## C. Virginia EMS Education Standards

1. For courses ending on or after July 1, 2012, the Intermediate program content will be derived from the Virginia EMS Education Standards (VEMSES) or a bridge program curriculum approved by the Office.

D. **Course Content** - The Intermediate course must minimally adhere to the Virginia EMS Education Standards (VEMSES) and any additions, deletions or other modifications approved by the Office.

E. **Certification** - Intermediate certification will be awarded as described in **T-234**.

F. **Scope of Practice** - Intermediates will be trained and proficient in the procedures and medications outlined in the Virginia Scope of Practice. Reference **T-200**.





# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-630</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Paramedic Certification Program Description</b>		
Regulatory Authority: <b>12VAC5-31-1320, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The Paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of the broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In some communities, Paramedics provide a large portion of the out-of-hospital care and represent the highest level of out-of-hospital care. In communities that use emergency medical dispatch systems, Paramedics may be part of a tiered response system. In all cases, Paramedics work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The Paramedic provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care facility.

The Paramedic has knowledge, skills, and abilities developed by appropriate formal education and training. The Paramedic has the knowledge associated with, and is expected to be competent in, all of the skills of the EMR, EMT, AEMT and Intermediate. The Paramedic has the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

The Paramedic is the minimum certification level for patients requiring the full range of advanced out-of-hospital care. The scope of practice is limited to advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

The Paramedic transports all emergency patients to an appropriate medical facility. The Paramedic serves as part of an EMS response system, ensuring a progressive increase in the level of assessment and care. The Paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Paramedics often perform medical transport services of patients requiring care within their scope of practice.

**A. Initial Certification Program**

1. **Didactic** - The Paramedic initial certification program consists of a minimum of 706 hours of didactic and lab instruction.
2. **Clinical Behavior/Judgment** - The Paramedic initial certification program consists of a minimum of 136 hours of clinical/field rotations.

**B. Virginia EMS Education Standards**

1. For courses ending on or after January 1, 2012, the Paramedic program content will be derived from the Virginia EMS Education Standards (VEMSES) or a bridge program curriculum approved by the Office.

**C. Course Content** - The Paramedic course must minimally adhere to the Virginia EMS Education Standards (VEMSES) and any additions, deletions or other modifications approved by the Office.

**D. Certification** - Paramedic certification will be awarded as described in **T-234**.

**E. Scope of Practice** - Paramedics will be trained and proficient in the procedures and medications outlined in the Virginia Scope of Practice. Reference **T-200**.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-635</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Authorized Advanced Life Support Bridge Courses</b>		
Regulatory Authority: <b>12VAC5-31-1320, 12VAC5-31-1050</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Bridge courses are designed to allow a candidate to advance from a lower level of ALS certification to a higher level of ALS certification or for a Virginia licensed Registered Nurse to bridge to the Paramedic certification level. The bridge curriculum recognizes current certification or licensure by allowing previous training to meet specified learning objectives in the training program level, thereby shortening the length of the curriculum.
1. EMT-Enhanced to Intermediate Bridge
  2. Intermediate to Paramedic Bridge
  3. Registered Nurse to Paramedic Bridge
- B. **Course Content** – All Virginia bridge courses must minimally adhere to the Virginia EMS Education Standards (VEMSES) and any additions, deletions or other modifications approved by the Office.
- C. **Certification** - Certification will be awarded as described in **T-234**.
- D. **Scope of Practice** – Bridge candidates will be trained and proficient in the procedures and medications outlined in the Virginia Scope of Practice. Reference **T-200**.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-640</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Registered Nurse to EMT-Paramedic Bridge Prerequisites</b>		
Regulatory Authority: <b>12VAC5-31-1460</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. In addition to the general prerequisites for ALS course enrollment listed in Section **12VAC5-1460**, to be eligible to attend a Registered Nurse to Paramedic Bridge training program leading to Paramedic certification, prospective students who are Registered Nurses must be able to document compliance with and/or demonstrate their ability to perform the following prerequisites:
1. The candidate must be currently licensed as a Registered Nurse (RN) in Virginia or a member of a Nurse Licensure Compact (NLC) state. Registered Nurses licensed in a state that is not covered under the Nurse Licensure Compact (NLC) state must seek approval for enrollment from the Office.
- B. The candidate must currently hold certification as a Virginia EMT or higher certification. Reference **T-238**.
- C. The candidate must be currently practicing as an active EMS field provider or actively working as an RN.
1. The term “active” as used above for both the field provider and RN is defined as a minimum average of eight (8) hours a week over the two previous years or a total of eight hundred thirty-two (832) hours within the previous two years (8 hours / week X 2 years = 832 hours).

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-645</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Registered Nurse to Paramedic Bridge Curriculum</b>		
Regulatory Authority: <b>12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

### A. **Virginia EMS Education Standards**

1. For courses ending on or after January 1, 2012, the RN to Paramedic program content will be derived from the Virginia EMS Education Standards (VEMSES).
2. All learning objectives will be provided to each RN - Paramedic student with the understanding that although all the objectives will not be reviewed in the bridge course, the student is responsible for all knowledge and skills included in the Paramedic program content at the time of certification testing.

- B. **Course Content** - The RN to Paramedic course must minimally adhere to the Virginia EMS Education Standards (VEMSES) and any additions, deletions or other modifications approved by the Office. The RN-Paramedic Program Bridge Outline can be located on the OEMS web page at:

<http://www.vdh.virginia.gov/oems/Training/CertificationProgramOutlines.htm>

- C. **Certification** - Paramedic certification will be awarded as described in **T-234**.
- D. **Scope of Practice** - Paramedics will be trained and proficient in the procedures and medications outlined in the Virginia Scope of Practice. Reference **T-200**.
- E. **Program Length** – For program length, reference the RN-Paramedic Bridge Program Outline: <http://www.vdh.virginia.gov/oems/Training/CertificationProgramOutlines.htm>



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-650</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Advanced Life Support Course Standards</b>		
Regulatory Authority: <b>12VAC5-31-1320, 12VAC5-31-1040</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. This policy has been rescinded.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-655</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Advanced Life Support Program Length</b>		
Regulatory Authority: <b>12VAC5-31-1320</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>January 1, 2003</b>	

A. This policy has been rescinded.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-660</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>NREMT Paramedic Endorsements</b>		
Regulatory Authority: <b>12VAC5-31-1320</b>		
Date of Issue: <b>June 1, 2004</b>	Effective Date: <b>July 1, 2012</b>	

- A. Physician Assistants (P.A.) and/or Nurse Practitioners (N.P.), based on prior education and experience, may receive Virginia endorsement to sit for the National Registry of EMTs Paramedic written and practical examinations after providing verification of successful completion of the following criteria:
1. The P.A. and/or N.P. may be allowed, with written permission from the Office, to complete the thirty-six (36) hour EMT continuing education (CE) hours and successfully complete the EMT written and practical certification examination (See **T-202**) or currently be Virginia certified as an EMT.
  2. The P.A. and/or the N.P. must receive endorsement from an EMS physician who verifies the candidate satisfies the *Paramedic Competencies* by completing the *Physician Assistant and Nurse Practitioner Paramedic Program Competency Summary and Team Leader* form EMS-TR-37.
  3. Team Leader Skills must be completed and the candidate verified as competent per form EMS-TR-37.
  4. The completed form EMS-TR-37 and a copy of licensure issued by the Virginia Department of Health Professions must be forwarded to the Office of EMS to the attention of the ALS Training Specialist.
  5. Upon receipt of form EMS-TR-37 by the ALS Training Specialist the candidate will be instructed to enter an ALS application via the web at [www.nremt.org](http://www.nremt.org) marking "Virginia OEMS Site 76000" as the academic institution.
  6. When the candidate receives from the NREMT an Authorization to Test (ATT) letter it must be forwarded to the ALS Training Specialist who will return via e-mail a Virginia Eligibility to Test letter so that they can register for the NREMT practical examination at a Virginia ALS test site.
- B. Third (3rd) and fourth (4th) year Medical Students, Dentists or Chiropractors may receive Virginia endorsement to sit for the National Registry of EMT Paramedic written and practical examinations after providing successful completion of the following criteria:



1. Must possess or have possessed Pre-Hospital ALS certification that must not have expired more than 24 months prior to submission.
2. Must be currently certified as a Virginia EMT. (Refer to **T-202** if not currently certified as an EMT in Virginia.)
3. Third and fourth year Medical Students must submit a copy of their official medical school transcripts. Dentists or Chiropractors must submit to the Office a copy of their license to practice in Virginia.
4. Upon submission of the form EMS-TR-37A, the Office upon receipt of form EMS-TR-37A by the ALS Training Specialist the candidate will be instructed to enter an ALS application via the web at [www.nremt.org](http://www.nremt.org) marking "Virginia OEMS Site 76000" as the academic institution.
5. When the candidate receives from the NREMT an Authorization to Test (ATT) letter it must be forwarded to the ALS Training Specialist who will return via e-mail a Virginia Eligibility to Test letter so that they can register for the NREMT practical examination at a Virginia ALS test site.



## Section 7

### EMT-Instructor and ALS-Coordinator Programs

Policy #	Title	Last Revision Date
T-700	EMT-Instructor Program Process	7/01/2012
T-705	Conditional EMT-Instructor Program	7/01/2012
T-710	EMT-Instructor Recertification Requirements	7/01/2012
T-715	EMT Instructor Teaching Hours	7/01/2012
T-720	Advanced Life Support Coordinator Program Description	7/01/2012
T-725	Advanced Life Support Coordinator Endorsement Process	7/01/2012
T-730	Renewal of Advanced Life Support Coordinator Endorsement	7/01/2012

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-700</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>EMT-Instructor Program Process</b>		
Regulatory Authority: <b>12VAC5-31-1500</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Application Process** - The applicant must complete and submit to the Office an EMT-Instructor Application form TR-76.
- B. **Cognitive Examination** – Upon receipt of a completed EMT-Instructor Application and verification of prerequisites, the applicant will receive an EMT-Instructor Pretest Eligibility letter which must be presented at a Consolidated Test Site (CTS).
- C. Successful completion of the written pretest examination is required before proceeding to the practical pretest examination.
- D. Upon successful completion of the practical pretest examination, the Instructor Candidate will be invited to attend an Instructor Institute.
  1. Instructor Candidates invited to attend an EMT-Instructor Institute conducted by the Office will be asked to contact the Office to confirm attendance. Failure to notify the Office to confirm or refuse an Instructor Institute invitation may limit the provision of future invitation if space in future courses is limited.
  2. Attendance of some portions of the EMT-Instructor Institute may be waived for qualified Instructor Candidates who present documentation of completion of approved equivalent programs in adult education approved by the Office. Such documentation must be received and reviewed by the Office prior to a scheduled Instructor Institute.
- E. **Performance Standards** - Instructor Candidates must demonstrate proficiency in application of the knowledge and skills required of an Instructor during a teaching presentation made at the Instructor Institute. Upon completion of their teaching presentation each Candidate will be evaluated to determine their preparedness for certification and rated as follows:
  1. Instructor Candidates who perform:
    - a. to an acceptable level will be certified as EMT-Instructors and issued certificates of completion.
    - b. at a marginal level may be granted Conditional Instructor status. (See **T-705**)

- c. at an unacceptable level will be deemed to have failed the Instructor Institute. These individuals will be required to repeat the entire Instructor certification process in order to seek EMT-Instructor certification.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-705</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Conditional EMT-Instructor Program</b>		
Regulatory Authority: <b>12VAC5-31-1500</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. **Conditional Instructor Status** - Individuals who are granted Conditional Instructor status will be required to fulfill the following requirements before full EMT-Instructor certification can be granted:

1. Instruction of 50 hours in approved Emergency Medical Responder/First Responder or EMT certification program under the supervision of a certified EMT-Instructor. This requirement may be completed through not more than two (2) separate courses.
2. Written notification to the Office of above course(s) must be received before the start of the course(s). Notification will include a course schedule that includes the specific classroom location, and lists dates, times and lesson topics that the Conditional Instructor is to instruct.
3. On-site evaluation of the Conditional Instructor's performance by Office staff (or designee) at one or more of the course sessions specified above.
4. Satisfactory instructional performance achieved during on-site evaluation(s).
5. Receipt of a written statement(s) from the supervising EMT-Instructor(s) attesting to the Conditional Instructor's instructional performance and the Conditional Instructor's ability to conduct future unsupervised instruction.

B. **Performance Standards** - Upon completion of the requirements listed above each individual's performance will be reviewed to determine eligibility for full EMT-Instructor certification.

1. Individuals who perform to a fully acceptable level will be certified as EMT-Instructors and issued certificates of completion per **T-700**.
2. Individual's who fail to perform to an acceptable level during their Conditional Instructor period will be required to repeat the entire Instructor certification process (including pre-testing and Instructor Institute attendance) in order to again pursue EMT-Instructor certification.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-710</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>EMT-Instructor Recertification Requirements</b>		
Regulatory Authority: <b>12VAC5-31-1650</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. The EMT-Instructor's certification must be renewed every two years. To fulfill the recertification requirements, the EMT-Instructor must:
1. **Course Instruction** - Instruct a minimum of 50 hours of EMT or First Responder subject material in approved courses within the two-year period.
    - a. This requirement only may be met through instruction of standard Basic Life Support training courses or other programs approved for Basic Life Support (Category 1) continuing education credit.
    - b. Instruction of programs approved for only Approved (Category 2) continuing education credit for basic life support providers may not be used to satisfy this requirement.
  2. **Refresher Update Seminar Attendance** - Attend a minimum of one EMT-Instructor/ALS Coordinator Update Seminar within the two-year certification period.
  3. **Continuing Education Required** - Satisfactorily attend a minimum of 10 additional hours of approved continuing education during the two-year certification period in which they are not the Course Coordinator or instructor.
    - a. Documentation of these ten (10) hours must be submitted to the Office not less than one month before the expiration of the Instructor certification on a Continuing Education scancard using "Level F" and "Category 2" or in a format approved by the Office.
    - b. Instructors holding a current (not expired) Advanced Life Support (ALS) level certification are waived from this requirement.
  4. **EMT Examination Required** –
    - a. Successfully complete the EMT written certification examination which may be completed at any time following attendance of an EMT-Instructor/ALS Coordinator Update Seminar.
      - i. Candidates testing on or before December 31, 2013 will complete the Virginia written examination which is based on the National Standard Curriculum (NSC).

- ii. Candidates testing after December 31, 2013 must pass the National Registry of EMT's cognitive assessment examination.
- b. If the EMT-instructor is affiliated with a licensed EMS Agency, this examination may be waived by the EMS Agency's OMD.
- 5. **Performance Ability** - Have no physical or mental impairment that would render the instructor unable to perform and evaluate any component of a Basic Life Support program.
- 6. **Other Requirements** - The Office may establish other reasonable recertification requirements, policies and procedures; as deemed necessary.
- B. **Failure to Meet Recertification Requirements** - Upon expiration of EMT-Instructor certification for failure to meet recertification requirements, the individual will revert back to their highest level of provider certification remaining current at that time.
- C. **EMT-Instructor Reentry** - Individuals whose EMT-Instructor certification has expired may regain full certification through completion of the Reentry program within two (2) years of their previous expiration date provided:
  - 1. If the EMT-Instructor had completed the teaching requirements of Section **A1** above, but was unable to fulfill one or more of the requirements of Sections **A2–A4** above, the remaining requirements must be completed within two (2) years following the expiration date.
    - a. However if the EMT examination required under Section **A4** above was not completed prior to expiration, this examination may not be waived by an EMS Agency OMD.
  - 2. If the EMT-Instructor had not completed the teaching requirements of Section **A1** above, the following requirements will be necessary for re-entry:
    - a. Complete and submit an EMT-Instructor Application to the Office of EMS.
    - b. Successful completion of the EMT-Instructor written and practical pretest examinations as specified under Section **12VAC5-31-1500** and **A5 and A6** above.
    - c. Attendance of the administrative portions of an EMT-Instructor Institute. (This requirement excludes the adult education and practical teaching evaluation portions of the EMT-Instructor Institute.)
  - 3. Upon completion of the applicable requirements for Reentry, new EMT-Instructor credentials will be issued for a two (2) year period. Thereafter, all of the requirements for recertification under this section will apply.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-715</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>EMT Instructor Teaching Hours</b>		
Regulatory Authority: <b>12VAC5-31-1650</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Team Instruction** - The Office encourages the concept of team-instruction. Therefore, an EMT-Instructor may team-up with other Instructors in the presentation of any approved course.
- B. **Instructor Participation Records** - When more than one EMT-Instructor is participating in a course, the Course Coordinator must maintain a record documenting the hours of participation of each Instructor.
1. Participation is defined as the amount of time, on an hour for hour basis, that each Instructor provides either lecture or practical instruction.
  2. This information will be forwarded to the Office within fifteen (15) days of instruction on a continuing education scancard using "Level F" and "Category 6" or and indicating the number of hours taught in "Column A" or by using a CE Scanner which will automatically format the record appropriately when scanning an EMT-Instructor certification card.
  3. Use of form TR-03 – Course Summary Form for recordation of EMT-Instructor teaching hours will be phased out on December 31, 2012.





# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-720</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Advanced Life Support Coordinator Program Description</b>		
Regulatory Authority: <b>12VAC5-31-1700</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

The Advanced Life Support Coordinator Program is a course designed to train and endorse individuals to coordinate advanced life support training programs that seek to award ALS certification or Category 1 continuing education credit from the Office. An ALS Coordinator may coordinate ALS certification and continuing education programs for EMT-Enhanced, Intermediate and Paramedic up to their level of EMS certification or other healthcare certification/licensure.

Certification programs at the Intermediate and Paramedic levels must be conducted at accredited program sites per 12VAC5-31-1340 through 12VAC5-31-1390. Refer to **T-005**.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-725</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Advanced Life Support Coordinator Endorsement Process</b>		
Regulatory Authority: <b>12VAC5-31-1700</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

## **A. Prerequisites for Endorsement**

1. **Minimum Age** - Be a minimum of twenty-one (21) years of age.
2. **Prior Experience** - The applicant must hold current certification and/or licensure for one or more of the following issued by the Commonwealth of Virginia:
  - a. EMT-Enhanced
  - b. Intermediate
  - c. Paramedic
  - d. Physician Assistant
  - e. Registered Nurse
  - f. Doctor of Osteopathy
  - g. Doctor of Medicine

## **B. Endorsement Application Process -**

1. The applicant must complete and submit to the Office an ALS Coordinator Application form TR-31.
  - a. The application must include an endorsement from:
    - i. an EMS Physician knowledgeable of the applicant's qualifications.
    - ii. a Regional EMS Council in which they wish to teach.
  - b. A separate ALS Coordinator Application is required for each region in which the applicant wishes to coordinate ALS training programs. Applications submitted for approval to serve in additional regions will not alter the expiration date of the current ALS Coordinator endorsement and all regional endorsements will be due for renewal on the current expiration date.
  - c. Medical Professionals seeking endorsement must submit supporting documentation of qualifications.
    - i. Medical professionals include:
      - (a) MD
      - (b) DO

(c) RN

(d) PA

(e) NP

- ii. The application must include a recommendation for acceptance of the applicant's qualifications from the Regional EMS Council or Local EMS Resource.

- C. **ALS Coordinator Candidate** - Upon receipt of a complete ALS Coordinator Application meeting the prerequisites and qualifications for endorsement, the applicant must attend an ALS Coordinator Seminar.
- D. **Endorsement Format / Expiration Dates** - Candidates successfully completing all requirements for ALS Coordinator endorsement will be issued an endorsement with attached pocket card at the conclusion of the training program. Endorsement as an ALS Coordinator is valid for two (2) years.
- E. **No Concurrent EMS Certification** - Endorsement as an ALS Coordinator does not provide concurrent provider credentials at any EMS certification level. ALS Coordinator endorsement is dependent upon the individual's maintenance of current and unrestricted Advanced Life Support certification and/or other applicable healthcare provider licensure.
- F. **Field Practice** - Performance of any medical procedure is not permitted based upon ALS Coordinator endorsement alone. Any field practice by an ALS Coordinator will be based upon separate Advanced Life Support certification and/or other healthcare provider license held by the individual involved, and the authorization to practice by a licensed EMS agency's Operational Medical Director in compliance with **12VAC5-31 Part II**.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-730</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Renewal of Advanced Life Support Coordinator Endorsement</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. **Maintenance of Endorsement/Continuing Education Required** - To remain endorsed, an ALS Coordinator must maintain current certification as a Virginia ALS provider, or licensure as a Doctor of Medicine, Doctor of Osteopathy, Registered Nurse, or Physician Assistant.
- B. **Application Requirement** - An ALS Coordinator must submit an ALS Course Coordinator application in the 60-days prior to their endorsement expiration. A separate ALS Coordinator Application is required for each region in which the applicant desires to continue to coordinate ALS training programs.
- C. **Update Seminar Attendance** - Attend a minimum of one EMT-Instructor/ALS Coordinator Update Seminar within the two (2) year certification period.
- D. **ALS Coordinator Reentry** - Individuals whose ALS Coordinator endorsement has expired may regain full endorsement through completion of the Reentry program within two (2) years of their previous expiration date provided:
1. The ALS Coordinator has submitted a completed ALS Coordinator Application and fulfilled the requirements of Sections A, B and C above.
  2. Upon successful completion of the applicable requirements for Reentry, ALS Coordinator credentials will be issued for a two (2) year period. Thereafter, all of the standard requirements for recertification under these state EMS regulations will apply.

## Scanning, Online and Web-based Programming

Policy #	Title	Last Revision Date
T-800	Alternative Methods of CE Submission	5/01/2009
T-805	Handheld CE Scanners	7/01/2012
T-810	Barcode Specifications	5/01/2009
T-815	Information Technology/Computer Security	7/01/2012
T-820	3 <sup>rd</sup> Party Vendor Approval – For-profit	5/01/2009
T-825	Agency Based Learning Management Systems (LMS) Approval	5/01/2009
T-830	Continuing Education Hour Determination	5/01/2009
T-835	Mandatory Course Components	5/01/2009
T-840	Pedagogical Elements for online (web-based) on CE Programs	5/01/2009
T-845	Announcing Web Based Courses to the Office	7/01/2012
T-850	Funding for Online (web-based) Continuing Education Programs	5/01/2009
T-855	Alternative Course Presentation Formats for Continuing Education Programming	5/01/2009

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-800</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Alternative Methods of CE Submission</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

Per TPAM policy **T-050**, the Office has developed several alternative methods for submission of continuing education (CE) records to the Office. The policies in this section (Section 800) pertain to OEMS approved, alternative methods for submission of continuing education credit hours to the Office and the requirements in order to do so.

**NOTE:** The default method for submission of continuing education (CE) hours to the Office of EMS is completion of CE scancards.

- A. **Handheld CE Scanners** – The Office has developed specifications for handheld scanners which will allow for the tracking, recordation and submission of CE to the Office through the internet. This program requires a very specific type of scanner and software. Procedures with regard to this method of submission can be found in TPAM Policy **T-805**.
- B. **3<sup>rd</sup> Party OEMS Approved CE Vendors** – The Office has a program which allows 3<sup>rd</sup> Party CE Vendors to apply for authorization to submit CE completions to the Office for processing. Procedures with regard to this method of submission can be found in TPAM Policy **T-820**.
- C. **Learning Management Systems (LMS)** – Special requirements and data submission criteria have been set up to allow for external LMS's to communicate CE completions to the Office for processing. Procedures with regard to this method of submission can be found in TPAM Policy **T-825**.

# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-805</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Handheld CE Scanners</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>July 1, 2012</b>	

- A. The Office has developed specifications for handheld scanners which will allow for the tracking, recordation and submission of CE to the Office through the internet.
1. **Scanner Hardware** - There is only one specific scanner model which has been certified to work with the **Office of EMS CE Recordation** software package.
    - a. Specifications – Contact the Office of EMS for current model number.
    - b. Accessories – Contact the Office of EMS for current model numbers.
  2. **Software** - The **Office of EMS CE Recordation** software has been developed by the Office to ensure that CE is properly recorded and meets the transmission and interface requirements of the Virginia Department of Health (VDH) Office of Information Management (OIM).
  3. **Training and Installation** - **Office of EMS CE Recordation** software must be installed and verified by the Office of EMS at a designated training session.
    - a. Group training sessions will be scheduled by the Office on an as needed basis.
      - i. Only endorsed ALS-Coordinator's and certified EMT-Instructors will be trained on the use of the CE scanners and the **Office of EMS CE Recordation** software.
      - ii. Each endorsed ALS-Coordinator and certified EMT-Instructor seeking to obtain training on the use of the CE scanners must complete and sign a *Commonwealth of Virginia, Department of Health, Emergency Medical Services Educational Development (Training) Information Systems Security Access Agreement*. See TPAM Policy **T-815** for more information.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-810</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Barcode Specifications</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>March 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

- A. The following are the required specifications for barcodes that are used with the continuing education (CE) scanners:
1. **Barcode font** - The only acceptable barcode font is **Code 128**.
    - a. Code 128 is a variable length, high density, alphanumeric symbology. Code 128 has 106 different bar and space patterns and each pattern can have one of three different meanings, depending on which of three different character sets is employed. Code 128 also employs a check digit for data security.
  2. **Name badges/ID's** - The following specifications must be used for barcodes for certification numbers.
    - a. The certification number is formatted as (A#####)--that is an alpha character followed by 9 numeric characters with no spaces.
  3. **Course/topic numbers** - The following specifications must be used for barcodes for course and topic numbers.
    - a. The barcode is formatted as (#####)--that is a course number (5 numeric characters) together with the appropriate topic number (5 numeric characters) and no spaces.
      - i. For example 1234566666 would be the string used for a course number of 12345 with a topic number of 66666.
  4. **Barcoding Tips**
    - a. Printing
      - i. Barcodes must be printed on a laser or ID badge printer.
      - ii. A clear, crisp barcode is essential.
    - b. Size
      - i. Barcodes need to measure at least:
        - (a) ½ inch tall
        - (b) 1 ½ inches wide



# **EMS TRAINING PROGRAM ADMINISTRATION MANUAL**

Policy Number: <b>T-815</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Information Technology/Computer Security</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>July 1, 2012</b>	

## **A. Computer Security Awareness Requirements for Emergency Medical Services (EMS) Training**

1. Application-Users: All Application-Users are required to read the below listed Virginia Department of Health computer security best practices policies and agree to abide by them by signing the EMS Educational Development application user Access and Confidentiality Agreement.
2. All Application Users must be aware that:
  - a. Application users are not permitted to share passwords except for web page saver passwords and then only when management documents, in writing that it is necessary to share.
  - b. Application users must locate their desktops / laptops in a direction that does not permit unauthorized individuals to view client information.
  - c. Users shall not disable any security function, device, or application.
  - d. Application users must ensure that virus protection is implemented on all laptops / desktops.
  - e. Application users must log out of the EMS Educational Development application when they have finished their file uploads and lock the screen ANY TIME their terminal or computer is going to be left idle and unattended.

## **B. Access/Security: User Logon Request Forms - All users must read the security information listed above and after reading this information, complete the following forms:**

1. Access and Confidentiality of Records agreement.
2. User Logon Request Form.
  - a. Note: Each user must complete both forms and submit them to the Division of Education via USPS or fax.



- (a) Minimum passing score is 70% (can be higher if the program chooses)
- 2. Objectives (minimum 3 objectives, prefer 5 per hour credit)
- 3. Body (presentation)
  - a. PowerPoint™
  - b. Lesson Outline
  - c. Video Streaming
  - d. Scenarios
  - e. Grand Rounds

**D. Data Transmission Criteria** - Approved entities must generate a file (see the *Application for 3<sup>rd</sup> Party Vendors to Provide Web-Based Continuing Education Programs* ) which will be submitted to the Office via a secure web interface.

- 1. All data files must be submitted as set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.
- 2. A daily data file is required to be submitted by the institution/business/agency. The data file has the following requirements:
  - The file must be a comma separated, .csv file containing the data elements described on the Data File Format sheet located in the *Application for 3<sup>rd</sup> Party Vendors to Provide Web-Based Continuing Education Programs*.
  - Files being submitted to the Office must be named using the following naming convention (MMDDYY.csv), where MMDDYY is the date that the file is being submitted to the Office.
    - Our system is specifically programmed to only input records from files for the day the batch process is being run. Batch processes begin running at 12:01 AM each night.
    - The vendor is required to submit, at a minimum, one (1) file per day in which they have user activity.
    - The file must be uploaded to the server by 11:45 PM each night.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-825</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Agency Based Learning Management Systems (LMS) Approval</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

- A. Agency/Institutional/Regional based entities who own a Learning Management System (LMS) and are seeking to provide electronic continuing education (CE) records to the Office of EMS must first complete an *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS*.
- B. **Approval Criteria** - The following criteria must be provided to be considered for Virginia Office of EMS approval for web based training programs:
1. The applicant institution must be in good standing with the Office.
  2. The program content must be related to emergency medical services education, skills or administration (management) and must meet the requirements as outlined in TPAM Policy **T-835**.
  3. The applying sponsor must be a Virginia educational entity; a designated Regional EMS Council, or local agency or association; hospital or any combination of the above; or other appropriate continuing education agency as approved by the Office.
  4. The required submission (Application Package) must be complete per the requirements of the Office.
    - a. *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS*
    - b. Information Systems Security Access Agreement
    - c. EMS User Logon Request Form
- C. **Program Format** - All programs must meet the requirements set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.
1. Evaluation component (test) required
    - a. The evaluation tool must:
      - i. Have a 15-20 question pool.

- ii. At a minimum the evaluation must have 10 randomly selected questions from the question pool.
- iii. Be graded.
  - (a) Minimum passing score is 70% (can be higher if the program chooses)
- 2. Objectives (minimum 3 objectives, prefer 5 per hour credit)
- 3. Body (presentation)
  - a. PowerPoint™
  - b. Lesson Outline
  - c. Video Streaming
  - d. Scenarios
  - e. Grand Rounds

**D. Data Transmission Criteria** - Approved entities must generate a file (see the *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS* ) which will be submitted to the Office via a secure web interface.

- 1. All data files must be submitted as set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.
- 2. A daily data file is required to be submitted by the institution/business/agency. The data file has the following requirements:
  - The file must be a comma separated, .csv file containing the data elements described on the Data File Format located in the *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS* .
  - Files being submitted to the Office must be named using the following naming convention (MMDDYY.csv), where MMDDYY is the date that the file is being submitted to the Office.
    - Our system is specifically programmed to only input records from files for the day the batch process is being run. Batch processes begin running at 12:01 AM each night.
    - The vendor is required to submit at a minimum one (1) file per day in which they have user activity.
    - The file must be uploaded to the server by 11:45 PM each night.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-830</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Continuing Education Hour Determination</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

- A. Each presentation is comprised of finite number of written words that are consumed by the reader in a finite amount of time. On average, adults read between 150-250 words per minute. Thus, a one hour presentation will consist of roughly 10,000 words with appropriate charts, graphs and case presentations that support the written objectives.
1. Current literature suggests that student interest and comprehension decreases dramatically after the first hour of any continuing education (CE) program. Therefore, any applicant requesting more than one hour's worth of CE will be required to provide justification for such by matching course objectives with additional content.
  2. Applications that request two or more hours should be divided into hour-long presentations as volumes of the subject matter presented, i.e. advanced airway I, advanced airway II, etc. The examples outlined below should be used to assist you in determining appropriate CE hour designations for each web-based continuing education program.
- B. EMS web-based Continuing Education Training Programs must include a post test that evaluates the student's understanding of the subject matter. Please add an additional ten (10) minutes for every ten (10) questions in the post test.

### **Example 1:**

An EMS web-based Continuing Education Training Program contains a BLS presentation titled "*Review of Basic Airway Techniques*" including measuring and insertion of NPA, OPA and bag valve mask ventilation. The material is limited to simple terms and no new techniques are discussed. The applicant supplies a presentation length of 10,000 words.

- 10,000 words / 200 words per minute = 50 minutes
- 10 question post test that meets the objectives = 10 minutes

Total CE hours assignment for 10,000 word presentation = 60 minutes

**Example 2:**

An applicant submits a 16,000 word program on the “*Recognition and Treatment of Chest Trauma*”. The presentation is very detailed and includes illustrated x-rays, CT scans and arteriograms that depict chest anatomy and clinical representations of various trauma related chest abnormalities. Included in the discussion are detailed treatment guidelines and a comprehensive chart that aids in the diagnosis of various trauma related complications.

- 16,000 words / 200 words per minute = 80 minutes
- Assignment based on degree of difficulty = 40 minutes
- 26 question post test that meets the objectives = 26 minutes

Total CE hours assignment for 16,000 word presentation = 146 minutes

For this program the Office can assign 2.5 hours (146 minutes) of CE hour time.

Continuing Education Hour Determination Chart								
Length of Presentation	Minutes Assigned	Post Test	Total	Hours	Added Degree of Difficulty (DOD)	Total Hours	Post Test	Total with 20 Question Post Test and DOD
10,000 words	50	10	60	1.00	30	1.50	20	1.83
11,000 words	55	10	65	1.08	30	1.58	20	1.91
12,000 words	60	10	70	1.16	30	1.66	20	1.99
13,000 words	65	10	75	1.25	30	1.75	20	2.08
14,000 words	70	10	80	1.30	30	1.83	20	2.16
15,000 words	75	10	85	1.40	30	1.91	20	2.24
16,000 words	80	10	90	1.50	30	2.00	20	2.33
17,000 words	85	10	95	1.58	30	2.08	20	2.41
18,000 words	90	10	100	1.60	30	2.16	20	2.49
19,000 words	95	10	105	1.75	30	2.25	20	2.58
20,000 words	100	10	110	1.83	30	2.33	20	2.66
21,000 words	105	10	115	1.91	30	2.41	20	2.74
22,000 words	110	10	120	2.00	30	2.50	20	2.83
23,000 words	115	10	125	2.08	30	2.58	20	2.91
24,000 words	120	10	130	2.16	30	2.66	20	2.99
25,000 words	125	10	135	2.25	30	2.75	20	3.08
26,000 words	130	10	140	2.33	30	2.83	20	3.16
27,000 words	135	10	145	2.41	30	2.91	20	3.24
28,000 words	140	10	150	2.50	30	3.00	20	3.33

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-835</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Mandatory Course Components</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

- A. The following components are required—at a minimum—in order for an online, web-based course to be approved by the Office to receive Category 1 continuing education (CE) credit via a learning management system (LMS).
1. An opening page listing the following:
    - a. Course Name
    - b. Length of program (number of CE hours awarded)
    - c. Area numbers and category credit (BLS and ALS)
    - d. Include a disclaimer that informs the student of who to contact with regard to CE errors and program concerns
  2. A page listing objectives (minimum 3 objectives, prefer 5 per hour credit)
  3. Body of the presentation (can be made up of the following)
    - a. Lesson Outline
    - b. PowerPoint™ (voice over preferred)
    - c. Video Streaming
    - d. Scenarios
    - e. Grand Rounds
  4. An evaluation component (test/quiz) is required
    - a. The evaluation tool must:
      - i. Have a 15-20 question pool
      - ii. At a minimum the evaluation must have 10 randomly selected questions from the question pool
      - iii. Be graded
        - (a) Minimum passing score is 70% (can be higher if the program chooses)
  5. Summary page informing the student about their pass/fail status.
    - a. Credits
      - i. Who developed the program
      - ii. Contact information for follow-up questions





# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-840</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Pedagogical Elements for online (web-based) on CE Programs</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

- A. Pedagogical elements are a way to define structures or units of educational material. For example, these could be: a lesson; an assignment; a multiple choice test or a quiz; a discussion group; or a case study. Pedagogical elements would **not** include: textbooks; web pages, video conferences or a podcast.
1. When beginning to create web-based programming, the pedagogical approaches need to be evaluated. Simple pedagogical approaches make it easy to create content, but lack flexibility, richness and downstream functionality.
  2. On the other hand, complex pedagogical approaches can be difficult to set up and slow to develop, though they have the potential to provide more engaging learning experiences for students. Somewhere between these extremes is an ideal pedagogy that allows a particular educator to effectively create educational materials while simultaneously providing the most engaging educational experiences for students.
  3. Some of the various pedagogical approaches for web-based programming include:
    - a. **Instructional Design** is the practice of arranging media and content to help learners and teachers transfer knowledge most effectively. The process consists broadly of determining the current state of learner understanding, defining the end goal of instruction, and creating some media-based "intervention" to assist in the transition. Ideally the process is informed by pedagogically tested theories of learning and may take place in student-only, teacher-led or community-based settings. The outcome of this instruction may be directly observable and scientifically measured or completely hidden and assumed.
    - b. **Laurillard's Conversational Model** The conversational approach to learning and teaching is slightly different from others. This model is based on discussion of the teaching/learning *system*. While this is a feature of some of the humanistic approaches, they are largely interested in the values underpinning teacher/learner interaction. Other approaches focus on learning as an attribute of the learner (as the

person who is changed by the experience), and separate out the teaching as simply a process of facilitation, a means to an end.

- c. The **conversational approach** looks at the on-going learner-teacher interaction, and particularly in Laurillard's model, at the process of negotiation of views of the subject which takes place between them in such a way as to modify the learner's perceptions. From this a set of criteria has been developed for the judgment of teaching/learning systems, particularly those based on educational technology.
- d. **Cognitive perspective** focuses on the cognitive processes involved in learning as well as how the brain works. This approach examines internal mental processes, such as creativity, perception, thinking, problem solving, memory, and language. Cognitive psychologists are interested in how a person understands, diagnoses, and solves a problem, concerning themselves with the mental processes that mediate between stimulus and response.
- e. **Emotional perspective** focuses on the emotional aspects of learning, such as motivation, engagement, fun, etc.
- f. **Behavioral perspective** focuses on the skills and behavioral outcomes of the learning process. Role-playing and application to on-the-job settings.
- g. **Contextual perspective** focuses on the environmental and social aspects which can stimulate learning. Interaction with other people, collaborative discovery and the importance of peer support as well as pressure.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-845</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Announcing Web Based Courses to the Office</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>July 1, 2012</b>	

- A. In order for electronic CE records to be processed by the Office and appropriately applied to each provider's CE Report, a course must be established in the system. In order to generate a course, the Office must receive a separate course announcement for each program offered.
- B. **OEMS Approved 3<sup>rd</sup> Party CE Vendors** must:
1. Submit a Course Approval Request Form (EMS TR-01-WEB),
    - a. This form must be submitted to the Office of EMS at least 45 days in advance of the launch of the planned course.
  2. Complete a separate form for each course.
  3. A Web-based CE Course Hour Designation spreadsheet must also accompany the Course Approval Request form.
- C. **Agency/Institutional/Regional Based Learning Management Systems (LMS)** must:
1. Submit a Course Approval Request Form (EMS TR-01-INST),
    - a. This form must be submitted by either a Certified EMT-Instructor or an Endorsed ALS-Coordinator.
    - b. This form must be submitted to the Office of EMS at least 45 days in advance of the launch of the planned course.
    - c. Complete a separate form for each course.
  2. A Web-based CE Course Hour Designation spreadsheet must also accompany the Course Approval Request form.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-850</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Funding for Online (web-based) Continuing Education Programs</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

- A. Programs developed for continuing education (CE) which are posted on a Learning Management System (LMS) and reported electronically to the Office of EMS for processing will not be eligible for funding through the Emergency Medical Services Training Funds program.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-855</b>	Page: <b>1</b>	of: <b>3</b>
Title: <b>Alternative Course Presentation Formats for Continuing Education Programming</b>		
Regulatory Authority: <b>12VAC5-31-1710</b>		
Date of Issue: <b>April 15, 2009</b>	Effective Date: <b>May 1, 2009</b>	

## A. Definitions:

1. Synchronous - A type of two-way communication with virtually no time delay, allowing participants to respond in real time.
2. Asynchronous - A type of two-way communication with time delay, where participants do not respond in real time.

## B. Synchronous two-way audio and video format

1. EMS continuing education (CE) courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:
  - a. Use synchronous electronic media as real time two-way audio and video transmissions.
  - b. Asynchronous transmission methods are considered online/web-based training under these policies. See TPAM Policy T-825.
  - c. The Emergency Medical Technician Instructor or Advanced Life Support Coordinator shall indicate in writing the desire to use such media on the Course Approval Request Form (TR-01).
  - d. Any other requirements established by but not limited to the Office of EMS, and if applicable the Virginia Community College System (VCCS) and the Virginia Department of Education.
  - e. Any lab activities at the remote site shall have direct on-site supervision by a course coordinator certified at or above the level of instruction. If the instructor acts as the remote site proctor, he assumes the responsibility of the class roster.
  - f. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio and/or video) the students do not receive credit for attending and the session shall be rescheduled.
  - g. All course tests for the program whether at the origin or remote site must comply with "e" above.

- h. The course coordinator must maintain records of student participation at each approved alternative site and submit continuing education records for each involved student for programs used for continuing education purposes.
- i. Non-compliance with these policies shall result in the continuing education credits being considered as invalid.

C. Synchronous one-way video, two-way audio (i.e. a webinar)

1. EMS continuing education (CE) courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:
  - a. Use synchronous electronic media as real time two-way audio and video transmissions.
  - b. Asynchronous transmission methods are considered online/web-based training under these policies. See TPAM Policy T-825.
  - c. The Emergency Medical Technician Instructor or Advanced Life Support Coordinator shall indicate in writing the desire to use such media on the Course Approval Request Form (TR-01).
  - d. Any other requirements established by but not limited to the Office of EMS, and if applicable the Virginia Community College System (VCCS) and the Virginia Department of Education.
  - e. A proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program.
  - f. Any lab activities at the remote site shall have direct on-site supervision by a course coordinator certified at or above the level of instruction. If the instructor acts as the remote site proctor, he assumes the responsibility of the class roster.
  - g. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio and/or video) the students do not receive credit for attending and the session shall be rescheduled.
  - h. All course tests for the program whether at the origin or remote site must comply with "e" above.
  - i. The course coordinator must maintain records of student participation at each approved alternative site and submit continuing education records for each involved student for programs used for continuing education purposes.

D. Non-compliance with these policies shall result in the continuing education credits being considered as invalid.



## Section 9

### EMS Program Accreditation

Policy #	Title	Last Revision Date
T-900	EMS Certification Programs Requiring Accreditation	7/01/2012
T-905	Accreditation Application and Self Study Processing	7/01/2012
T-910	Self Study Development, Organization and Submission Requirements	7/01/2012
T-915	Alternative Sites/Learning Sites	7/01/2012
T-920	Site Team Members Roles and Responsibilities	7/01/2012
T-925	Accreditation Site Review Time Line	7/01/2012



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-900</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>EMS Certification Programs Requiring Accreditation</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Initial training programs leading to certification at the Intermediate and Paramedic levels must be conducted at a site which has been accredited by the Office of EMS and/or the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

1. Intermediate Site Accreditation

- a. For Intermediate accreditation, please see the following OEMS web page:

<http://www.vdh.virginia.gov/OEMS/Training/Intermediate.htm>

b. Paramedic Site Accreditation

(a) Beginning January 1, 2013, paramedic students who are candidates for certification testing through the National Registry of EMT's (NREMT – [www.nremt.org](http://www.nremt.org)) are required to have graduated from a nationally accredited paramedic program – national accreditation is offered through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in cooperation with the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – [www.coaemsp.org](http://www.coaemsp.org)). Accomplishing accreditation at this level will require the following steps:

- (i) Currently accredited Virginia Intermediate programs wanting to conduct paramedic education will be required to first seek Virginia paramedic accreditation through the Office of EMS.
- (ii) If the site successfully completes the state paramedic accreditation process, they will be issued a grant of accreditation which will allow them to complete one (1) initial basic program (a cohort). CoAEMSP requires that each program seeking national accreditation have successfully completed an initial paramedic cohort.

- (iii) During training of this initial cohort, the program will be required to complete the CoAEMSP self study.
- (iv) At the completion of the first cohort, the program will need to submit their self study to CoAEMSP. When submitting the CoAEMSP self study, the program will have to request a *Letter of Review* from CoAEMSP. If the self study is complete and meets CoAEMSP requirements, the CoAEMSP staff will issue a *Letter of Review* attesting to the fact that the program has applied for national accreditation.
- (v) The program will be required to submit the *Letter of Review* to NREMT and request that their initial cohort be allowed to apply for and complete NREMT certification testing.
- (vi) The ability for programs to announce and conduct additional initial paramedic training programs in Virginia will require that the program have successfully completed and been granted national accreditation through CoAEMSP/CAAHEP.

Please note: The process outlined above is subject to change by CoAEMSP and/or NREMT.

- B. Training programs leading to certification at the Emergency Medical Responder/First Responder, Basic and EMT-Enhanced levels are not required to be conducted at sites which have been accredited. Accredited sites may conduct these programs if all other requirements of the state EMS regulations and this manual are met.
- C. At this time no equivalent accrediting bodies other than the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) have been approved by the Office.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-905</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Accreditation Application and Self Study Processing</b>		
Regulatory Authority: <b>12VAC5-31-1350</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. All initial Intermediate and Paramedic programs require accreditation prior to course approval by the Office of EMS. Accreditation may be issued for up to five (5) years. Certification programs beginning prior to accreditation will not be eligible for testing.
- B. Individuals, agencies, educational institutions or training centers interested in becoming accredited can find the requisite Institutional Self Study on the Office of EMS web site. This document contains necessary background information as well as the application and self study document.
- C. Specifics on developing, organizing and submission of the self study can be found in Policy **T-910**.
- D. The accreditation process will begin once three (3) copies of the Institutional Self Study have been received by OEMS.
  1. After the application and Self Study has been received it will be reviewed by OEMS staff for completeness. Should additional documentation be required, OEMS staff will request this from the applicant.
  2. Once the Self Study document meets the minimum requirements for submission, OEMS will assign a Site Team and forward a copy of the Self Study to the team for their review.
  3. The Site Team will review the Self Study document and work with program to correct deficiencies.
  4. The program will respond back to Site Team providing documentation for correcting deficiencies. Once the Site Team has received all requested documentation, they will update the Self Study document.
  5. When the Site Team has determined that the program warrants consideration for state accreditation, a site visit will be scheduled. For more on the composition of the site team, please see policy number **T-925**.

- E. Following the site visit, the Site Team will compile and issue a written report about the program. This report will include a recommendation, either for or against the program gaining a grant of accreditation. The report will be submitted to OEMS for review.
- F. Upon review of the accreditation analysis submitted to the Office by the Site Team, the Office will determine the suitability of the training site for "Program Site Accreditation" and notify the applicant in writing of the results with thirty (30) days.
  - 1. Depending on the outcome, a subsequent accreditation review/site visit may be conducted to review program outcomes, policies, procedures and documents.
- G. The Medical Direction Committee shall review any appeals by a program concerning the removal or denying of accreditation.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T- 910</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Self Study Development, Organization and Submission Requirements</b>		
Regulatory Authority: <b>12 VAC 5-31-1350</b>		
Date of Issue: <b>January 1, 2005</b>	Effective Date: <b>July 1, 2012</b>	

## A. Self Study Development

1. Since the accreditation process from initial receipt of the self study to receiving a grant can take from three to six months, a realistic and detailed timetable for the organization and completion of the self study report should be developed. Although the exact organizational plan will vary from institution to institution, the following suggestions may be helpful:
  - a. Select an appropriate member of the staff to direct the preparation of the self-study.
  - b. Involve all members of the faculty, administration, governing board or council in the discussions of the self-study.
  - c. Establish subcommittees to prepare specific sections of the self-study.
  - d. Adopt a reasonable time schedule and enforce it.

## B. Self Study Organization

1. The narrative should be prepared in clear and concise language and should respond to each of the questions asked. The format for the narrative report should be as follows:
  - a. The narrative should be contained in a 3-ring binder and all materials must be typewritten or prepared using a computer, collated, tabbed to divide the various sections.
  - b. Individual pages of the self-study **should not** be submitted in plastic page holders.
  - c. Required attachments and any exhibits should be included at the end of the narrative report and should be provided only if they are essential to the team's review and preparation prior to the visit.
  - d. Exhibits should be clearly marked and logically ordered.
  - e. The following information should be provided on the front cover and spine of the 3-ring binder and the binder of exhibits accompanying the disk: Site/School name, City, State.
2. Self Study Submission - Applicants should send three hard copies of the completed self-study (including exhibits) and one copy on CD-ROM or a flash drive:

Chad Blosser  
Office of Emergency Medical Services  
1041 Technology Park Drive  
Glen Allen, VA 23059

- C. The institution should keep at least one copy for the institution's files.
- D. The self-study document is reviewed for completeness upon receipt at Office of EMS. The Office will contact the site if the self study does not contain all of the required items.
- E. Please do not submit other applications or requests with the self-study.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T- 915</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Alternative Sites/Learning Sites</b>		
Regulatory Authority: <b>12 VAC 5-31-1350</b>		
Date of Issue: <b>January 1, 2005</b>	Effective Date: <b>July 1, 2012</b>	

The Office of EMS contacted the Commission on Accreditation of Allied Health Programs (CAAHEP) to clarify if accredited EMS training programs can conduct training in alternative training sites (learning sites) which differ from the site receiving initial accreditation. This policy is devired from that discussion.

- A. OEMS has determined that accredited programs can offer training at alternative training sites (learning sites) from those originally granted accreditation. Approval to conduct training at these sites is dependant upon the sponsoring organization demonstrating that all program components and evaluation tools are essentially the same as those approved for the original training site.
- B. To accommodate institutions seeking to offer accredited programs, the Office is not requiring that the entire accreditation process be repeated a second time. The Office has put in place a policy for those alternative sites.
  - 1. Institutions that intend to operate entire programs or parts of programs at a different location or learning site must prepare and submit a separate Alternative Site Application for EMS Programs in Virginia for each additional location. This application can be obtained from the Office of EMS web page.
- C. All accredited programs are required to submit in writing any changes that occur within the program to the Office.

# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T- 920</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Site Team Members Roles and Responsibilities</b>		
Regulatory Authority: <b>12VAC5-31-1350</b>		
Date of Issue: <b>June 1, 2004</b>	Effective Date: <b>July 1, 2012</b>	

- A. Program Directors of Virginia accredited EMS training sites from across the state have been trained by the Office of EMS to assist sites in becoming state accredited.
- B. Team members will provide guidance, review of self-study, conduct site visits, and make recommendations to the Office of EMS as to a sites' accreditation disposition.
- C. Roles and Responsibilities:
  1. A team member may be selected to serve as a Team Leader for the site reviews as required.
  2. Team members will serve as mentors.
  3. Team Members will perform the initial review of the applicant's self-study with recommendations for improvements required, if applicable.
  4. Team members will perform site reviews.
  5. Team member's attendance before the Medical Direction Committee may be required to support findings of the site review team.
  6. Team members may be required to travel overnight to conduct site visits.
  7. The designated Team Leader has the following responsibilities:
    - a. Notify applicant of the receipt of the self-study and supporting documentation.
    - b. Scheduling of the site review in conjunction with the Program Director and OEMS.
    - c. Provide the Office of EMS with the site team findings and recommendations.
- D. The Office of EMS will require initial and periodic training of team members



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T- 925</b>	Page: <b>1</b>	of: <b>1</b>
Title: <b>Accreditation Site Review Time Line</b>		
Regulatory Authority: <b>12VAC5-31-1380</b>		
Date of Issue: <b>January 1, 2005</b>	Effective Date: <b>July 1, 2012</b>	

- A. The following timeline has been established to provide guidance to individuals/entities seeking programmatic accreditation.

<b>TIME LINE SCHEDULE</b>		
<b>TASK</b>	<b>ANTICIPATED</b>	<b>ELAPSED TIME</b>
OEMS receives, processes and acknowledges receipt of self-study.	7-10 days	7-10 days
Selection of Site Team members	7-10 days	2 weeks
Site Team members acknowledge receipt of self-study	1 week	2 weeks
Site Team reviews self-study and the Team leader forwards questions/concerns to the Program Director	4 weeks	6 weeks
Program Director responds back to Site Team Leader of their intentions to complete required areas of concern or withdraw from the application process (if required)	2 weeks	8 weeks
Site Team receives and reviews updates/corrections from the Program Director	2 weeks	2 weeks
Team Leader works in conjunction with the Office and the Program Director to establish date for site visit	8 weeks	10 weeks
Site Visit takes place	1 weeks	12 weeks
Site Team finalizes their report and makes recommendation to OEMS	1 weeks	12 weeks
OEMS reviews recommendation and makes the final decision on accreditation. Program Director is notified.	2 weeks	14 weeks

\*\*The anticipated time line for these activities is twenty-two weeks (22) or approximately six months to complete the accreditation process.